

CHILDREN'S BELIEFS AND COPING IN A
COGNITIVE REHABILITATION PROGRAM

BY

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TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS	vii
ABSTRACT	viii
CHAPTER	
I INTRODUCTION	1
The Research Problem.....	4
Definition of Coping.....	4
The Need for an Ethnographic Analysis.....	7
The Design and Scope of the Study.....	12
2 REVIEW OF THE LITERATURE	13
The Parent-Child Stress Research.....	13
Childhood Coping Studies.....	19
The Need for Further Research.....	26
3 METHODOLOGY	30
The Ethnographic Perspective.....	30
The Social Setting.....	34
Selection of the Research Site.....	34
Gaining Entry to the Setting.....	37
Description of the Setting.....	44
The Coping Study Children.....	47
Research Procedures.....	48
Interviews.....	49
The Developmental Research Cycle.....	73
Collecting Ethnographic Data.....	74
Making an Ethnographic Record.....	86
Analyzing Ethnographic Data.....	103
Scientific Adequacy: Issues and Strategies.....	105
4 RESULTS AND DISCUSSION	120
Young Idealists and Realists.....	126
Children's Beliefs about Friendship.....	133
Friendship Makes You Feel Good.....	133
Friendship Involves Liking.....	139
Children's Problems with Interpersonal Friendship Work.....	154
Difficulties Faced by Young Children.....	158
Living Up to One's Words.....	159

Children's Coping with Intergenerational	
Friendship Work.....	161
Attributions of Responsibility.....	162
Doing Friendship Work.....	177
Social Context of Making Friends with Elders.....	203
Summary of Results.....	211

5 CONCLUSIONS AND IMPLICATIONS.....	213
--	------------

Limitations of the Present Study.....	218
Implications for Further Research.....	261
Implications for Practice.....	224

APPENDICES

A PARENT CONSENT FORM.....	238
B OPTIMUM INTERVIEW WITH NEW CHILDREN.....	261
C INTERVIEW WITH NEW CHILDREN AFTER FIRST VISIT.....	262
D FOLLOW-UP INTERVIEW WITH NEW CHILDREN.....	264
E FIRST INTERVIEW WITH RETURNING CHILDREN.....	269
F FOLLOW-UP INTERVIEW WITH RETURNING CHILDREN.....	270
G FIRST PARENT INTERVIEW.....	275
H FOLLOW-UP INTERVIEW WITH PARENTS.....	277
I INTERVIEW WITH TEACHER-SUPERVISORS.....	279
J INTERVIEW WITH MIDDLE SCHOOL TEACHERS.....	281
K CHILD PROFILE FORM.....	284

REFERENCES.....	285
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ACRONYMICAL SHEET.....	295
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Abstract of Dissertation Presented to the Graduate School
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CHILDREN'S HELPING AND COPING IN A
CULTIVIC REHABILITATION PROGRAM

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The purpose of this study was to examine the nature of children's coping behavior and factors that influence its development. The research focused on a group of 11 middle schoolers who had volunteered to take part in a year-long restorative program for delinquent elders. The specific research objectives were to investigate (a) the problems children experienced in the situation, (b) how they coped with their problems, (c) how they perceived their coping experiences, and (d) contextual factors that appeared most closely related to children's coping.

The study was conducted using an ethnographic research design. Data collection techniques included individual documentation, field work, interviewing, and videotape reviews with children. Observations focused on children's behaviors and were conducted throughout the school year for a total of 36 hours of program activity. Interviews occurred with the children, their parents, the program supervisors, and two middle school teachers. Data analysis was ongoing, proceeding through several phases.

The analysis revealed that children entered the program believing they were doing good for elders. They used their beliefs about

friendship to define their role and employed a variety of cognitive and behavioral strategies to manage the difficulties posed to them by elders who could not participate in friendship in a reciprocal fashion. Cognitive strategies centered around making attributions of responsibility that allowed children to manage their self-doubts. Behavioral efforts were directed toward expediting living in the elders and keeping themselves going under difficult circumstances. These behaviors included groping for ways to please, fantasizing, posing resources, hiding, and violating the routine. Children turned to one another for moral encouragement and companionship, to adults for executive and material assistance. Factors influencing children's coping included their feelings about the quality of their work, their problem-solving abilities, peer relations, supervisory practices, and parental activities.

The study illustrates the complexity of childhood coping, in particular, the impact of personal and social expectations on behavior. The results suggest that children alone in ultimate responsibility is a challenging situation but may need assistance to clarify problems and identify circumstances affecting their work.

CHAPTER 1 INTRODUCTION

There is mounting belief among researchers who study stress and coping in children that how children actually cope with problems may be even more important to their overall mental and long-term health and development than the problems themselves (Gump, 1977a, 1977b; Rutter, 1980). When we consider the ordinary experiences of growing up, it becomes clearer why coping is so important to healthy development. Age-related biological and social events are commonplace during the early years of life. As children undergo these events, their world expands quickly and changes rapidly. According to many researchers and clinicians (Barnes, 1980; Elliot, 1981; Retherington, 1984), that world is an increasingly challenging one, presenting youngsters with not only more possibilities but heightened pressures as well. Furthermore, children tend to participate actively in their own development. They seek challenges for themselves and seek opportunities to explore and extend their abilities and discover the world around them. As Emery (1984) noted, "Growth is not something done to them; it is something they do" (p. 42). Consequently, children are no strangers to situations where routines are broken by the unexpected, or where the taken-for-granted is not yet adequate to defuse the problems at hand. If problematic situations are commonplace in childhood, then so also is coping.

More important, the results of children's coping experiences form the background for coping with the difficulties of later experience. Because it is so closely associated with the processes of development, childhood coping is not only a way of dealing with present problems, but also a way of learning how to cope, how to come to terms with new and difficult situations in order to get along in life. Coping, then, is one of the things children do to "grow up" or develop. In order to succeed in these developmental moves they must find ways of coping effectively with situations that tax their abilities and demand responses not already in their behavioral repertoire. The meanings children derive from these coping experiences may have great bearing on their progress as "copers."

Unfortunately, there is little research to help us to understand how coping behaviors develop in children. Nevertheless, clinicians who deal with parents and teachers seeking help for children have been attempting to alleviate children's distress by "teaching" them more adequate coping skills (Casper, 1981; Davies & Lazarus, 1988). Training programs designed to improve children's social problem-solving skills are being introduced into schools at an increasing rate (Epstein & Share, 1983; Jones, Nide, & Schmidt, 1975). In addition, a growing number of public education efforts are devoted to giving advice to parents about helping children to cope with such events as divorce, school failure, birth of a sibling, peer rejection, hospitalization, and so forth.

Little acknowledged is a number of these therapeutic and educational initiatives, however, is the unexamined assumption that

children actually experience the problems that adults assume they do and in the same terms as adults perceive them. Thus, many interventions introduced on behalf of children are defined not by the child's experiences and perceptions, but by adult-expert projections of them (Segal, 1983). We have heard little from children about the relative importance of various adult-defined "problems" (Spies, 1988). It is at least possible that everyday life experiences, apparently innocuous to the adult bystander but meaning to the child, have a greater impact on coping and well-being than has been recognized.

Moreover, the literature is silent on the kinds of coping strategies that are both effective and acceptable to children in everyday life. No doubt, the acceptability of a strategy is closely related to the context of the coping event. Although some researchers suggest the feasibility of teaching children various kinds of coping skills (Miller & Green, 1984; Spivack & Burns, 1983), evidence for significant improvement in children's functioning beyond training sessions is weak. Part of the problem might be that insufficient attention has been given to the context of children's naturally-occurring coping experiences. We know from adult research that coping behaviors vary greatly with specific characteristics of the situation in which coping occurs (Lazarus & Folkman, 1984); the same is likely to be true for children. Furthermore, according to life-span development theorists, children's coping behavior may also be influenced by events and norms operating in the broader sociocultural milieu (Belsky & Byrnes, 1985). Only recently have researchers begun to consider the larger world of social life, of which children's coping behavior is a part.

The Research Problem

Coping behavior is a complex product of children's coping experiences on many levels of social life. In view of the prevailing picture of stress and its consequences in contemporary society, there is a pressing need to increase our understanding of children's coping in general and more specifically how children learn ways of coping in the social contexts of everyday life. The purpose of this study was to examine in depth the nature of children's coping behavior in one setting and identify some of the factors that influence its development. A social motivation therapy program involving a group of middle schoolers and sibling residents of a nursing home was the setting for the study. The specific research objectives were to investigate (a) the problems children experience in their work with adults, (b) what they actually do to manage these problems, (c) the attitudes they derive from their coping experiences, and (d) factors in the environment that influence children's coping attitudes and actions.

Definition of Coping

No systematic effort has been made to conceptualize coping during childhood and adolescence. At the most general level, coping has been considered to include all responses to some new and often problematic situation as well as efforts to deal in some new way with a long-standing problem. Drawing on the adult literature, some researchers have proposed an analytic distinction between problem-oriented and emotion-oriented behaviors. Thus, coping may be focused on mastering or alleviating the troubling situation itself, or it may be directed at managing feelings or distress that result (Lazarus, 1980). However, adult researchers have found that "individuals show no simple

consistency in the form of their coping, switching from a problem-oriented focus to an emotion-oriented focus and back again as situations change" (Flaming, Rame, & Singer, 1986, pp. 962-963).

As with most behavior, combinations of coping strategies and mechanisms from among different levels of consciousness tend to be involved in varying degrees. Generally speaking, the unconscious coping strategies are the "defense mechanisms" or psychodynamic processes of which the child is unaware. At a preconscious or preconscious level are all those almost automatic modes of behavior by which children habitually keep their balance-in-movement. These behaviors have been learned to the extent that they no longer require conscious control (Manghy & McFarley, 1976), but they are readily called into conscious awareness ("stop and think for a moment"). Conscious coping, also called "purposeful" coping, occurs at that moment when the child is intensely aware that he or she has encountered (or chosen) a new problem, one that demands some deliberate effort or learning. In this study, the notion of "levels of coping" was used merely as an heuristic device to discover the purposes that motivated children's behavior.

Coping can be carried out using cognitive, affective, and action processes. The degree to which children's thinking, feeling, and especially acting are affective, however, generally depends on how well their coping efforts fit in with what others in the situation are doing. For example, a 10-year-old who copes with a family problem by becoming angry and choosing disobedience to parental requests is more likely to bring on the new problem of disciplinary measures than a child who becomes anxious and chooses withdrawal from academic studies. Thus, a narrowly functional definition of children's coping is not as useful as

a relational (or contextual) one. In order to understand children's coping, we must examine the context in which it occurs.

Children's coping efforts also will depend in a special way on the child's level of development. Because children are keenly interested in development, their coping behavior is likely to be influenced by two interrelated aspects of ability: acquired abilities and desired abilities. On the one hand, children have a relatively short background of experience. Consequently, their ability fund—their fund of learned, automatic, habitual ways of behaving—is somewhat limited. That is one reason why situations in which demands vastly exceed expectations and skills are commonplace in childhood. On the other hand, children possess, to an outstanding degree, the ability to develop. This capacity or ability is reflected not only in the rapid expansion of children's skills and knowledge from year to year, but also in their desires and interests, that is, their active seeking of situations where they can enjoy recently learned abilities and acquire new ones. In most situations, children's coping behaviors will depend on both aspects of developmental level—acquired skills and knowledge (*ability*), and desires and interests (*intention*). The differences between situations may only be ones of emphasis. Therefore, in order to understand children's coping behavior, we must investigate the capabilities the child draws upon and the abilities the child wants to acquire and demonstrate in the situation.

In summary, a child's way of coping with a problematic situation reflects the child's habitual way of thinking and acting, the child's conscious intentions in the situation at hand, and the context in which

coping means. In the next section, the ethographic perspective that guided this study of child's coping behavior will be described.

The Need for an Ethographic Analysis

The ethographic research approach is well suited for in-depth, exploratory studies of human behavior when the precise nature of that behavior is not well understood. An ethographic analysis of children's coping behavior is based on three working hypotheses: (a) behavior is complexly related to the meanings individuals give to their own situations; because it is in the nature of meanings to be subject to change, "such meanings cannot be taken for granted as uniform; nor as known in advance" (Gunn, 1981, p. 28); (b) meanings are learned in the contexts of social life; the meaning a situation has for an individual will be similar to the perceptions of those who share common experiences; (c) behavior is influenced significantly by the context in which it occurs.

Methods

Traditionally, studies of child coping have not investigated children's goals or their subjective perceptions of the coping situation (Legal, 1981). This may be a result of the "disease" orientation of stress research from which the study of coping arose. One of the striking features of child stress research is its preoccupation with dramatic events and severely taxing situations. The manifest severity of such events is reduction. Researchers using this approach have generally assumed that the situation being studied is experienced by the child in the same sense as it is perceived by the researcher. While no one would argue that hospitalization, parental death, or severely deprived environments are not stressful for children, the assumption that the child shares the researcher's perceptions of these events is

unanswered. With respect to efforts to understand children's coping, it is entirely possible that the child's behavior arises from an inner reality rather than an outer one. For example, Aarons (1984) found that children undergoing treatment for cancer were much more concerned about the loss of their hair than about either the disease or the discomforts of the treatment.

A second problem associated with the failure of researchers to examine children's subjective perceptions is the variety of meanings that a specific behavior can carry. Researchers have attempted to classify coping behaviors without regard for the purposes that motivated the child's behavior. A serious problem with this approach is that implications for practice are often drawn from conclusions that may be invalid. As an example, in the classification studies questioning is usually categorized as an information-seeking strategy. However, children use questioning also as a device for gaining attention, seeking reassurance, deflecting questions asked of them, delaying an aversive event, and so forth (Spaul, 1994). Yet, many teaching programs designed to prepare children for difficult experiences have been based on studies reporting a high frequency rate of "information seeking."

A further problem with the failure of researchers to investigate children's intentions is that their coping behavior is evaluated in terms of criteria that may not include or correspond to their own criteria. In this study, for example, children escaped awkward silence, protracted conversation, and difficult relationships with elders by leaving the room or taking up conversations with peers, which looked upon this behavior as "leaverture" and "disrespectful" and employed disciplinary interventions to change the unacceptable

behaviors. Consequently, the problems children were experiencing in the relationship itself were rarely addressed. Furthermore, most children entered the program expecting to "mess up" the residents' lives through playful and entertaining activities. Often, they behaved as they did because of subjectively held beliefs that their behavior was appropriate or the best they could do under the circumstances.

The need for analysis of children's beliefs is especially crucial in coping research because coping refers to the effort to make "manageable" a problematic situation. If researchers, parents, and teachers wish to help children to cope successfully with their problems, they must first understand the meanings children attach to their actions.

Context

It is generally agreed that the environment in which the child grows up plays an important role in children's development. Surprisingly, research investigating the specific characteristics of the contexts of children's coping is sparse. Nevertheless, a variety of studies concerned with stressful events during childhood and adolescence provide insight into situational features that might influence children's coping behavior, including social support (Herrera, 1981; Lawrence & Ross, 1980), and parental modeling (Kobak, 1979; Matthews, 1980). Although it has not been possible to draw conclusions regarding the role of social support, positive models for identification and supportive relationships with parents and other adults (Katter, 1981), peers, and siblings (Herrera, 1981) have all been reported by children as resources for coping with stress. Outside the field of stress research, studies of coping in achievement contexts (Jank, Costa, &

Stress, 1985) suggest that early socialization practices related to gender identity and sex-role expectations also may affect the types of coping strategies boys and girls use. Furthermore, laboratory studies investigating the influence of peer modeling on behavioral change (Pech, Cook, & Spillard, 1981; Johnson, Brown, & Cox, 1981) provide convincing evidence that competent peers are especially influential in situations of coping and learning.

The findings of questionnaire and interview-based research on the effects of stress on children and laboratory studies related to coping and learning in adolescents contains certain implications for further research that are relevant here. For example, studies of the circumstances under which children naturally attend to models in the setting are required to better understand the influence of peers and adults on how children acquire coping strategies.

Methodological Significance

The noted stress researcher, E. J. Lambert, predicted that "we are going to see an increasing interest and activity in the study of coping (and emotion) in children and young adults, but all this is at an early stage" (personal communication, February 4, 1985). Ethnographic inquiry is a qualitative research method. One function of qualitative research is to generate guiding hypotheses for future studies. This study may have methodological significance for the field of coping research in that it illustrates the use of the qualitative perspective and ethnographic methods in the study of highly complex behavior. Cluster studies of comparable situations, following in-depth qualitative analysis of children's coping beliefs and behaviors with experimental tests of apparent relationships could prove highly productive of useful

knowledge and study hypotheses for further research in a field that is at an elementary stage of development.

The Design and Focus of the Study

This study was concerned with the coping beliefs and behaviors of 12 middle school students who had volunteered to take part in a social reactivation program conducted in a nursing home. The student group consisted of one boy and eleven girls ranging in age from 10 to 13-1/2 years. Beginning in October 1984, the study ran concurrently with the year-long program of twice-weekly reactivation sessions and ended in late May, 1985.

A qualitative, naturalistic research design was used to investigate the nature of children's coping behavior and factors that influence its development. Data were collected during three 8-week periods and one 3-week period in the fall, winter, and spring of 1984-1985. The primary data collection methods were individual documentation, participant observation, and ethnographic interviewing. The researcher observed 50 hours of program activity, including the students' visits to the nursing home and their planning sessions at the school. Observations were descriptive and as all-inclusive of children's behavior as possible. Formal and informal interviews were conducted during each interval of data collection. Those interviewed included the children, their parents, the program supervisors, and two middle school teachers who knew many of the children quite well.

These children were studied in-depth. Their visits with their nursing home partners were videotaped, and, relative to other children in the setting, the researcher spent considerably more time observing and participating in their activities. A process of theoretical

sampling of the remaining nine children was employed to strengthen the case for generalizability to the entire group. That is, all children were observed and interviewed to allow the researcher to determine if the patterns of behavior observed in the three intensively studied children were also present in other children.

Data analysis occurred simultaneously with data collection. Spredley's (1980) method of domain analysis was utilized to acquire and interpret fieldnotes and interview data. Later, Koss-Heune's (1980) ethnographic rules of evidence were employed to identify dimensions of context across comparable data. This latter procedure facilitated the search for cultural themes or meaning structures that connected children's beliefs to behaviors and had explanatory power.

Although this study sheds light on the complexities of children's coping and on how contextual factors influence that process, specific findings about the coping beliefs and behaviors of these children should not be generalized to other populations. Very careful analyses of what children actually do and what they have to say about the experience of coping in everyday life are required to allow us to make general statements about the nature of coping in childhood.

CHAPTER 2 REVIEW OF THE LITERATURE

Clearly, any understanding of the dynamics of healthy development during childhood must include a detailed knowledge of the growth and contributions of children's coping behavior. Such knowledge is sparse in the health care literature and even more scattered in the literature of the social and psychological sciences. This paucity of knowledge may be more apparent than real, however, because the concept of coping, as it is currently being defined by many researchers, absorbs behaviors and processes that have traditionally been described as "learning" and "problem solving." An example to point to Brough's (1987) distinction between "learning models" (children who perform a task effortlessly) and "coping models" (children who encounter and work through a problem when performing a task) in his discussion of peer modeling. For the purposes of this review, only those studies in which the terms problem-solving and learning are used in reference to coping have been included.

The Recent Field Stress Research

Research on coping in children emerged in the mid-1970s from the field of study commonly known as stress research. The primary object of study for childhood stress researchers is the "event," generally defined as a severe disruption (or "catast") to the child's previously established state of affairs, or a condition of long-lasting adversity. In the past, research on stress in children has been conducted almost exclusively by psychiatrists and clinical psychologists. Their concern

has been with the effects of major life events or adverse circumstances on children's psychological health and development. More recently, developmental and educational psychologists have turned their attention to a wider range of childhood events, including changing schools (Folger, Friesman, & Casca, 1981) and the birth of a sibling (Joss, Kendrick, & Fenderson, 1981). However, the emphasis of stress research continues to be on situations believed to be potentially harmful to most children. Such events include death of a parent (Karnes, 1974; Tenover, Leblondine & Barry, 1980), divorce (Mallarino, 1981), war and social upheaval (Jennery, 1983; Jelske & Harrison, 1975), chronic childhood disease or disability (Gruha, 1980; Epinecia & Bessy-Epinecia, 1981), chronic psychiatric illness in a parent (Joss, West, Goldstein, Ruchlak, & Joss, 1981; Jeff, 1984), an alcoholic parent (el Gubaly, 1979), extreme economic deprivation (Elder, 1974; Rutter & Madge, 1976), and family violence (Bany, 1982; Gelles, 1987).

These are very difficult experiences for most families and children. However, research to date indicates that there is substantial individual variability in responses of children and adolescents to stressful life events. "Evidence for a direct etiologic role of stressful life events in the development of disorder must be viewed as weak" (Gopas, 1987b, p. 290). On the other hand, Rutter (1981) has found strong evidence that the cumulative effects of multiple stressors--conditions of chronic psychosocial adversity, physical disability or degenerative disease, and recurring family conflicts--do put children at greater risk of developmental disorder. Here again, however, some children do well; others do not. Increasingly, stress researchers express beliefs similar to Gopas' (1987):

Whether a stressful event is related to positive growth or dysfunction must be the result of other mediating factors, including the meaning an event holds for an individual, his or her resources for coping with the event, and efforts made to cope with the event. (p. 129)

Childhood Coping Studies

Understandably, the most advanced area of research on coping in children is one that grew directly from findings of general stress-outcome studies. This line of research has focused on identification of the stable, enduring characteristics of "resilient," or "invulnerable," children, that is, the broad dispositional styles and resources of children who "adapt" successfully to severely deprived or manifestly harmful situations. Such research includes (a) large-scale epidemiological studies conducted by Heller and his colleagues (1986, 1989) on the Isle of Wight and in an inner-city area of London, (b) surveys of black children who have been exposed to poverty and prejudice in urban ghettos (Ganley, 1981), (c) a longitudinal-developmental study of a cohort of children born on the volcanic island of Kauai (Masten & Bellin, 1982), (d) clinical histories of children of alcoholic parents (cf. Ginzburg, 1979) and schizophrenic parents (Vothoq, 1976), among others. In each of these studies, children who do not appear to suffer emotional or psychological problems have been identified as invulnerable or resilient.

Such research has not emphasized what children actually do to cope with stress. Interest is in the so-called "protective" factors residing in the child or the environment that reduce the potentially harmful effects of the situation. Across these various studies three general factors have been consistently found to characterize resilient children:¹ (a) dispositional characteristics of the child, including temperament,

high self-esteem, and a sense of efficacy and control; (b) the presence of a supportive family environment, including parental warmth, secure relationships, and order; and (c) an individual or agency in the environment that assists the child to learn how to deal with social or interpersonal problems (Zayas, 1983b).

The most notable attempt to examine systematically the coping behavior of children in everyday life situations is that of Murphy and her colleagues (Murphy & Tinsley, 1984; Murphy & McHale, 1984). This 18-year longitudinal study focused on a group of 54 children growing up in a midwestern American city. The research team of psychologists and pediatricians interviewed and tested the children "at each of four major levels of development after infancy: preschool, latency, puberty, and late adolescence" (Murphy & McHale, 1978, p. xii). Testing sessions were designed to elicit children's coping responses to specific developmental tasks and environmental constraints. In addition, the investigators recorded ad hoc observations made during brief contacts with the children as drives to and from testing sessions, birthday parties, graduation ceremonies, and chance encounters. Coping was defined as a process of personality development and, in the psychoanalytic tradition, the researchers distinguished "copers" from "non-copers" in terms of psychological resilience—a rating derived through consensus judgment. To identify continuities from resilience to earlier personal and environmental characteristics, numerous measures of association were computed within each developmental phase and across the years from infancy (data from an earlier study) through adolescence.

The results of this study include a psychoanalytical case study of one child's development from a highly "vulnerable" infant to a

"resilient" teenagers, and a 199-variable Comprehensive Coping Inventory consisting of intrapsychic and behavioral coping items, intelligence measures, cognitive abilities, childrearing styles and other environmental characteristics. In general, level of "vulnerability" at infancy and early childhood did not contribute significantly to adolescent personality style. However, many coping behaviors of early childhood persisted into adolescence and strongly influenced the resilience judgments.

This notable work by Murphy and her colleagues has frequently been described as the cornerstone marking the turn which stress research to the study of coping is its own right. Yet the study appears to have been of limited usefulness. One problem is the unwieldy size of the Comprehensive Coping Inventory. Another problem is the evaluative bias embedded in psychodynamic reconstructions of coping where certain intrapsychic defenses are considered to be inherently better than others. Gillin (1991) included some of Murphy's items in an observation instrument developed to assess the effectiveness of children's coping, but no studies using the instrument have been reported.

Research investigating what children actually do to cope with problematic situations is beginning to accumulate in the health care and psychology literatures. Piaget (1962) assessed the coping functions of hospitalized pre-school children's questions. Six hundred and fifty questions asked of adults were recorded verbatim by an observer. The questions were then classified according to Piaget's functional categories (a) causal explanation, (b) reality and history, (c) actions and intentions, (d) classification and evaluation, (e) rules, and (f)

calculation. The predominant (50%) function of children's questions was to determine the actions and intentions of persons. Findings of earlier studies of children's questions in the school setting (as reported by Higgins) indicate that queries about actions and intentions are relatively common in that setting.

Taylor, Wagner, and Swadlow (1981) used a standardized interview guide to identify the strategies that school-aged children employ to manage pain. Non-hospitalized children responded most favorably to such self-care items as "thinking about something else," and to various palliative actions by others, such as, "increased attention," "hugging," and "cheering up." Hospitalized children mentioned "medicines," "shots," applications of "heat" and "ice," and self-care strategies such as "rubbing the sore spot." The hospitalized youngsters also answered "Yes's" more frequently to non-hospitalized children. These two provocative studies indicate that methods of coping used by children in one type of setting may not be descriptive of those of children in a different setting. The Taylor study also demonstrates that children's coping experiences include meta-lessons about coping that might have important implications for long-term coping.

Another study that concerns the coping behavior of hospitalized children reflects mounting interest in the development of valid instruments to assess patterns of coping (Ritchie, Cary, & Ellerton, 1984). This ongoing, multi-phase project is based on the Lazarus (1980) stress and coping paradigm in which coping is conceptualized as a dynamic process of reciprocal interaction between the person and the environment. Four "coping scales" derived by Lazarus and his colleagues from interviews with adults (Lazarus & Laudner, 1976) comprise the basis

category system for classifying coping actions. Ritchie et al. reported that several revisions of the system have been made to accommodate interviews of children aged 18 months to 10 years. A number of these revisions produced sub-categories related to the child's efforts to become more self-reliant or to progress developmentally. The pilot-taking work of these investigators is indicative of one kind of research that will be useful to practitioners who must monitor the coping actions of children of different ages and levels of development during hospitalization. In addition, such an instrument may lend consistency to further research in this area.

Several interview investigations of the subjective dimension of coping have been conducted with the school-aged siblings of children who have cancer. Most of this research was undertaken to identify the needs and concerns of the sibling (Cairns, Clark, Smith, & Lundy, 1979; Egan-Goodman, 1977; Lindsay & McCarthy, 1974; Shere, 1972; Sochan, 1980; Spinetta, 1981). Not surprising, themes of loss, change, and fear of death characterize the findings of these studies. Lee (1979), Taylor (1980), and Koser (1981) explored siblings' perceptions of kinds of helpful parents and conditions. Lee, for example, touched on the issue of coping by asking the children, "What has helped or would help someone live through the experience?" Koser asked children what advice they would give other children in a similar situation. Taylor examined the support system of the family by asking both the siblings and their parents to identify people to whom they turned for support. In all three studies, children emphasized that it was important to have someone to talk to. The majority of things children found helpful fell into one of three categories: information and explanation regarding what is

happening, reassurance of their special place in the family, and sharing the sick child's experience.

Walker (1988) explored healthy siblings' perceptions of what actions and thoughts they used to deal with their problems during cancer illness. She also interviewed the children's parents, using an open-ended format designed to investigate the overall family reaction to the sick child's illness and the parent's perceptions of how the situation had affected the sibling. In addition, parents were asked to identify what coping strategies the sibling used. Puppet play, family drawings, cartoon story telling, and a sentence completion test were used to enhance the open-ended interviews with the sibling. The researcher first asked the children what it has been like for them since their brother or sister got sick. Once the child identified a problem, she asked how the child handled it. Responses were later coded according to the theme, function, or purpose reflected by the child. The finding of a 44% disagreement between what parents thought their child's coping strategies were and what the children perceived as their coping strategies indicates that the same behaviors can have different meanings for different people. It also suggests that adults may code children's behaviors as inconsequential or may be quite unaware of the child's cognitive strategies.

From her child-interview data, Walker developed a taxonomy of coping that is structurally very similar to Lincoln's and, in turn, the Lazarus paradigm. Although several items in her basic list of coping strategies reflect the child's meanings (e.g., "being nice," "thought stopping"), at subsequent levels of classification Walker applied a general reference scheme, replacing the subjectivist approach with an

objectivist model. For example, at its highest level of organization, the taxonomy comprises two dimensions of coping: cognitive and behavioral. The cognitive dimension includes three sub-dimensions: intrapsychic, interpersonal, and intellectual, each of which is further subdivided into categories which, in turn, contain one or more coping strategies. Such schemes overcome the situational specificity of coping behavior, permitting researchers to apply the framework widely. As Berkley and Lauerer (1980) explained, "For coping to be systematically studied . . . a concrete and detailed set of descriptive categories is an essential prerequisite both for intra-individual and inter-individual comparison" (p. 46). However, schemes that treat experiences as similar exclude information about the role of subjective perceptions or meaning. On the other hand, category systems organized to include both the meaning (intentional) dimension and the form dimension of behavior at each level of structure would allow researchers to investigate how the two aspects are related in the child's coping efforts.

In contrast to the foregoing studies, Pryce (1981) used a methodsology designed to highlight the developmental dimension of children's coping behavior. This descriptive study was focused on the response of infants and preschoolers to a well-child visit to the doctor. Forty-eight children (eight boys and eight girls in each of three age groups: 8-11 months, 18-24 months, 42-48 months) accompanied only by their mothers and scheduled for a well-child checkup were systematically observed in the waiting room of the pediatrician's office. The children's emotional responses were inferred from facial expressions and coded in four categories: fear, anger, sadness and neutral/positive. Their behaviors were recorded and coded according to the Calhoun

ATTACH system, then assigned to one of four coping categories: information, comfort, autonomy and other.

The results of this study suggest that coping is a developmental phenomenon, shaped by experience and cognitive capacities. The oldest children demonstrated less negative emotion overall, but they appeared fearful during both the waiting period and the examination itself. In contrast, the youngest children showed no negative emotion whatever during the waiting period. Of the three coping behaviors, information seeking was the most frequently used; it ranged from infants' diffuse exploration of objects to older children's specific questions about the doctor's intentions. Comfort remained at a low and steady level across all ages. Autonomy ranged from crying and screaming by the infants, to hostile gestures, such as pushing away the doctor's hand, by the three-year olds, to apparent attempts at self-control by the oldest children through postponement of resistance to the period following the checkup. Incidental to the systematic observation of discrete behaviors, Hyman recorded brief descriptions of the physician's and mother's interactions with the child. He noted changes in the nature of the children's responses throughout the visit that appeared to be related to these interactions. In addition to the statistically significant age-group differences, Hyman noted, also through casual observation, that individual differences became more apparent among the older children. This study helps researchers appreciate the developmental quality of coping behavior and the learning function of children's coping experiences.

The literature that has been discussed thus far encompasses research that is concerned explicitly with coping in children. We are

are the legacy of the parent field—stress research—not only is the attention paid to “high-risk” populations (reflected in the vulnerability literature) but also is the choice of hospitalization, pain, and illness as settings for most of the small-scale, descriptive studies. With the exception of Spence and Murphy and her colleagues, researchers have not made a concerted effort to consider children’s coping within the less dramatic contexts of their family, school, and community lives. Yet researchers who have investigated stress and coping in adults have found that the “baselines” of daily life are more strongly associated with morale and physical illis than major events. Among adults, baselines include problems such as displacing or losing things, not having enough time for one’s family, filling out forms, concerns about weight, unchallenging work, economic concerns, meeting high standards, being lonely, and so forth. What are the baselines of childhood? How do children deal with such concerns and difficulties? What are they learning about coping from these experiences?

No doubt, some answers to these questions are withheld in the vast literature on child behavior and development within the family, school, and peer-group contexts. For example, child and adolescent coping is reflected in two areas of research based in the school setting. One line of inquiry is concerned with the cognitive strategies children use to cope with failure on academic tasks (Beck, Costa, & Strauss, 1980; Beck & Mortson, 1981). The other addresses the cognitive strategies children employ to cope with problems in interpersonal relationships (Spence & Shure, 1962, 1985). Explicit in Beck’s investigations of “helpless” and “helpless-oriented” children is a distinction between effective and ineffective coping with academic failure. Over several

years of extensive research, Beck and her associates have focused on the patterns of causal attribution demonstrated in the two coping styles—helpless and mastery-oriented. In early studies they found that helpless children attribute their failure to lack of personal ability and see success as caused by variable factors, whereas mastery-oriented children attribute success to their abilities and failure to changeable factors such as effort. Further, girls were more likely than boys to demonstrate the helpless pattern. Classroom observations revealed that teachers tended to attribute the failures of girls to ability, whereas they attributed the failure of boys to lack of motivation or effort. In a later series of studies, when children were asked merely to report their thoughts while working on a task rather than provide an explanation for the cause of their performance, few of the mastery-oriented children made any attributions of causality. Instead, they focused on the task and information relevant to completing it. Helpless children continued to search for an explanation for the cause of their failure.

The Spivack and Shure group have concentrated on one mode of coping (cognitive problem solving) in relation to interpersonal problems. Here, over a series of studies in a single area of inquiry the developmental aspect of children's coping behavior has played a significant role in explaining that behavior. The researchers have delineated six components of interpersonal problem solving skills: generation of alternative solutions, consideration of consequences of social acts, development of cause-and-effect thinking, development of social causal thinking, sensitivity to problems, and a dynamic orientation. They have found that these skills emerge at different ages and that among children

of the same age, those who demonstrate greater problem-solving skill are typically "well-adjusted" socially and emotionally. This line of research has also incorporated a few intervention studies which have produced mixed results regarding the importance of specific cognitive skills for actual coping with interpersonal problems. It may be that the conditions of "training" for interpersonal cognitive problem solving (contrived situations) are quite different from those experienced by children in the home, the schoolyard, and so forth. A finding of particular note was that the trainers in the program associated with enhanced social and personal adjustment in children made use of dialoguing on an coping basis.

Clearly, these two lines of research on children's cognitive strategies complement the work describing children's behavioral strategies. Dweck and her colleagues have demonstrated quite convincingly that children's beliefs about the causes of academic failure and success affect their motivation to work on academic problems. Attribution of causality appears to be an important feature of coping in the classroom; it might play an important role in other kinds of coping situations as well. Furthermore, the lessons in coping that are learned in academic achievement contexts may be second only to those learned in family life with respect to impact on future coping.

Spivack and Shure and their associates have produced extensive evidence on the cognitive problem-solving skills that become significant for children's management of interpersonal problems during the pre-school, school-age, and adolescent years. The finding that skills such as the ability to generate alternate solutions to a problem emerge as early as 4 or 5 challenges the assumptions expressed by some coping

researchers (e.g., Tomich & Nolen, 1986) that children tend to use emotion-regulating strategies because they lack the necessary cognitive skills for direct, problem-oriented coping. Instead, the skills that children actually show up and use may reflect the meaning they ascribe to the situation and their beliefs concerning what kinds of feelings and actions are appropriate.

The Need for Further Research

It is becoming increasingly clear that learning to cope with life's problems is a process that begins early in childhood and has a significant influence on how well children get along in both the ordinary and extremely demanding situations of their daily lives (David & Wortman, 1981; Naylor & Moricity, 1983; Rutter, 1983). Because not much is known about how coping develops in children, the need for research in this area is pressing. At the present time, researchers are struggling with issues that characterize a new field of inquiry—conceptualization, and the development of appropriate measures for assessing the adequacy of the child's coping and the effectiveness of practices directed toward assisting children to acquire healthy, successful ways of coping (Gibbs et al., 1984; Miller, 1983).

The evaluative definitions of coping that typify epidemiological and psychiatric research has proven inappropriate for studies of coping in the very young (Gershberg & Adess, 1987; Ruchlin & Lassar, 1980). Broad conceptualizations of coping (Lassar, 1980) are descriptive rather than evaluative and have the look of learning and problem-solving. It is important that researchers concerned with children's coping ensure that conceptualization also includes the look of childhood. That is, we must "normalize" (Klass & Herman, 1982) the

developing concept with children's meanings. Research investigating children's perceptions of the coping situation and the meanings they ascribe to their actions is required.

Researchers investigating the phenomena of invulnerability in children exposed to major stresses have identified broad factors in the child's disposition and environment that are consistently related to children's healthy development. Much research is required in the natural settings of children's everyday lives to identify the precise nature of these influences. What factors in the environment facilitate effective coping in children? Do different styles of adult interaction with children produce different styles of coping in children? How does the age, sex, or temperament of the child influence the child's coping behavior and the way others interact with her? What aspects of the sociocultural milieu of contemporary life are reflected in children's coping experiences and the coping patterns that develop? What aspects of the child's coping vary with specific characteristics of the situation? What aspects remain constant? The studies reported here describing the questions children ask, the attributions they make, the cognitive skills they possess, the actions they take, and the resources they use all suggest lines of inquiry for future research investigating the interplay of child and environment in the development of coping behavior.

Lastly, researchers need to find ways to study children's coping in the common contexts of daily life, not only to discover how children cope with problems, but also to identify the difficulties and concerns that are most important to children. In order to help children cope successfully with stressors and often severely taxing events, we need to

know, from the child's point of view, what conditions children require to build competence in dealing with life. Without a doubt, the role of adults as teachers, buffers against stress, and regulators of the circumstances under which children work through the problems they encounter is played in many different ways that are beneficial to the child. Careful investigation of adult interactions with children who are dealing with common problems is required to identify the qualities of helpful interventions.

The purpose of this study was to address some of the questions emerging in the area of childhood coping. It was necessary to first identify a setting that could meet a few of the criteria (see footnote) research indicated in the existing literature. That is, a setting in which children were likely to encounter challenging, but not severely threatening or harmful, situations was required. Also desirable was a setting in which a variety of potential resources was available to children--adults, peers, and a range of functions and activities from which children might select in order to build on their unique capabilities. During a brief period of participant observation at the scene of a newly established nursing home therapy program, such a setting was identified. The program involved a group of middle schoolers who had volunteered to visit with a group of elders twice a week and plan activities that would stimulate social functioning and promote friendships. Although the children were enthusiastic, they were also clearly challenged by the responsibility they had assumed, many were having difficulty carrying out their responsibility. School and nursing home personnel worked with the children to help them plan and carry out their program.

The setting was amenable to research. A qualitative study of the program itself was getting underway and, as a member of the research team, the researcher was able to incorporate the coping study into her activities. The following broad questions served to guide the investigation:

1. What problems do children experience in their work with inflation aides?
2. What do children actually do to cope with these problems?
3. How or why do these coping attitudes and actions occur?
4. How do children perceive their coping experiences?

CHAPTER 3 METHODOLOGY

The coping behavior of children who took part in an intergenerational sensitization program was examined using an analytic-observational research design. This qualitative and naturalistic approach to scientific inquiry is characterized by several features: (a) the research is conducted within the social setting of interest; (b) data are descriptive of on-going processes; (c) data are analyzed inductively; (d) the researcher is concerned with understanding the situation in the perspective of the people involved in it; and (e) the research plan is developmental, loosely scheduled at the beginning of data collection and structured thereafter by the study itself (Jager, 1980; Fogden & Hillen, 1980; Leininger, 1980; Shuman, Webb, & Andrews, 1984). This kind of approach is well suited for studies of human behavior, such as coping in children, when the precise nature of that behavior is not well understood. As Genu (1981) has summarized, the objective of qualitative, naturalistic inquiry is "to illuminate social realities, human perceptions, and organizational realities untainted by the intrusion of formal measurement procedures or rendering the situation to fit the preconceived notions of the investigator" (p. 7).

The Ethnographic Perspective

Because an objective of this study was to gain insight into how the social contexts of childhood influence the development of coping behavior, ethnography was chosen as the qualitative approach to carrying out this aim. Ethnography, as a perspective, centers on the goal of

understanding the ways in which a cultural group accomplishes its human ends, why the approach works for the specific group, and under what circumstances an approach works to achieve the desired ends. An ethnographer asks the question, "In what ways do members of society [or of the social group being studied] construct their social world" (Spindler & McCarty, 1992)? When conducting topic-focused research, such as this study of children's coping behavior, most ethnographers want to ground their study not only in the immediate research setting but also in the broader sociocultural milieu of the setting. To that end, the researcher peripheralized her coping-focused work with such questions as, "What do the children see themselves as doing? What is it that one has to know or believe in order to act sensibly in this situation? How does one have to behave in order to be accepted by other participants in the setting?"

A basic premise of the ethnographic orientation to human behavior is that people take action in the world based on their ideas and beliefs about the way the world "really" is (Spenc, 1992). That is, people construct their own realities and respond as much or more to the meaning a situation has for them as to the objective features of the situation. Accordingly, one of the fundamental commitments of ethnography is the necessity of accounting for the subjective perceptions of the group being studied, in terms of the meanings that phenomena have for them. As Malinowski (1933) put it, the goal of ethnography is "to grasp the native's point of view, his relation to life, to realize his vision of his world" (p. 23). In this respect, ethnography has much in common with symbolic interactionism and social constructionism, theories that seek to explain behavior in terms of social meanings.

Ethnography incorporates the anthropological insight that culture forms a platform for the subjective components of experience. Individuals learn throughout childhood and onward a series of complex meaning systems that are more or less shared by members of their society. These shared systems of cultural meaning serve as guidelines for perceptions, actions, interpretations, and feelings (Sarrett, 1984; Goodenough, 1981; Spradley, 1980) and allow for a general predictability among group members which, in turn, facilitates social life. However, diversity also exists within the cultural system because individuals are socialized into their society in different ways and are influenced by different subgroups within that society. Moreover, individuals must decide how to use cultural meanings to interpret experiences and generate behavior in specific circumstances (Spradley, 1980). Ethnographers, then, use culture as exerting a powerful influence on behavior, but they do not use it as determining behavior.

Another premise of ethnography is that behavior is context-specific. It varies with specific characteristics of the situation. As Fort-Brown (1980), an educational anthropologist, explained:

A social group's system of standards for perceiving, believing, evaluating, and acting varies with features of the social context or situation--features that are themselves interpreted by group members at various hierarchical levels.
(p. 70)

The social context is not simply the scene of action. It has an affect on that action, for the situation has to be interpreted by those who participate in it. Meaning has to be attributed. Two different children may use different things in a motivation program or interpret the same things differently. Furthermore, the physical circumstances that members of the same group confront will differ and influence the choices

they solve. No two children in this study were paired with the same resident, for example, and children's behavior is likely to be influenced significantly as a result of the social relationships in which they participate. As construed by ethnographers, context refers to an interpretation of the situation which frames the set of alternatives from which participants choose what to do socially "now" and "next" (Hoch-Schreier, 1985). Context can refer to specific face-to-face interaction, a level of social life at which context can change moment by moment, or it can refer to the total setting environment.

In summary, the ethnographic orientation to this study of children's coping behavior was based on three assumptions:

1. To understand children's coping behavior we must explore the subjective perceptions of children.

2. Children's coping behavior is context-specific. It varies with specific features of the social situation.

3. Middle-school-age children are sufficiently socialized into their society to consciously share a culture. The sociocultural knowledge that children bring to the program influences their coping behavior.

It follows that ethnography, as a research method, offers us the chance to step outside our "ethnocentric" frames of reference (our definitions of "problem" and our notions of "coping"), to see the problems children see, and to grasp the coping experience as it is undergone by children themselves. Furthermore, an ethnographic approach to the study of coping is useful in that it allows us to view coping in the context in which it occurs.

The Social Setting

Selection of the Research Site

The study of children's coping behavior was conducted in a setting born of the course of a year-long, twice-weekly social motivation program carried out by preadolescent student volunteers from a middle school. As mentioned in the previous chapter, it was during participant observation at the initial orientation sessions that the researchers first considered the program as a setting for the coping study. Both the children and their supervisors had reported various recurring problems associated with their respective responsibilities. However, neither the positive nature of these events nor the context in which they were "problems" was self-evident. From a practical viewpoint, then, the setting was deemed relevant to the purposes of this research.

Furthermore, the morning home program, as it was presented by its participants, appeared to be the type of context that had theoretical relevance to the coping construct. In contrast to the kind of focal events and circumstances routinely selected for studies of stress and coping in children, the program was not viewed as inherently harmful or threatening to children's well-being. On the contrary, the supervisors believed that such a program could "aid" a child's social world by offering opportunities to develop social skills and understanding and "a real sense of responsibility." More importantly, the children themselves emphasized that it was a voluntary experience, freely chosen in order to "meet lots of people," "do something after school," "learn new things," "be with friends," "feel good," and so forth. In short, the morning home program was viewed by its participants as a promising, challenging experience.

These expectations of pleasurable, interesting activity and positive outcome were different from the beliefs of pervasive stress and harm that have motivated most prior research on coping in children. This suggested that the setting varied significantly from the usually taxing situations of previous studies. More specifically, the nursing home program represented the type of life situation that allows children to display their ordinary capabilities and preferences. It might challenge these beliefs of thinking, feeling and acting, but it would not guarantee them. Therefore, a study of children's coping behavior in this setting could further our understanding of that behavior in at least two ways. First, it would permit us to discover the implicit beliefs that form children's emotional and behavioral responses to such common problems of everyday life as teamwork, cross-generational communication, sickness, and difficult-to-assess accomplishments. Secondly, in a challenging but neither severely adverse nor significantly harmful situation, we are more likely to detect factors that liberate and further children's problem-solving capabilities than we are in situations known to exceed their abilities and stifle initiative or redirect it from growth to mere survival. Such findings are required to formulate hypotheses for further research on how successful ways of coping are acquired during childhood.

In addition to its practical and theoretical relevance, the residential program had other attributes as a research setting that were expected to facilitate the study:

1. The twice-weekly, hour-long residential sessions involved the same group of children in a single location. Spaulley (1988) advised the beginning ethnographer to place such limits on the scope of the

study in order to acquire and practice the skills of in-depth analysis that characterizes good ethnography;

2. The children in the setting were engaged in the same or similar kinds of activity. It was thought that this feature would further simplify the conditions of ethnographic research by limiting the context to a small set of closely related activities and events;

3. The setting appeared to be easily accessible. The program was a semi-public, naturally occurring event in which to observe children's coping behavior without undue intrusiveness; and

4. The student volunteers were between ten and thirteen years of age, a time of social and psychological development commonly known as middle childhood, or preadolescence. The findings of Selman's (1980) research on social understanding in children suggest that by an appropriate occasion to reflection most children at these ages are capable of expressing verbally their expectations and perceptions of social events from a self-reflective or reciprocal perspective. Given this capability, the children would be able to assist the researcher to establish the level of meaning inference in her interpretations.

A further consideration was the absence of pre-existing relations between the researcher and the children who were participating in the program. It is thought by some social scientists (e.g., Lefford, 1971) that positive pre-existing relations make it easier for the researcher to gain access to desired information. But positive relations existing prior to research on children might, in fact, have adverse effects on the accessibility of information and consequently on the validity of the findings. In the everyday instances of adult-child interactions, children learn that adults usually hold the balance of power (Hollins &

Thomas, 1979). They expect the adult to regulate rewards and punishments, based upon the child's compliance or non-compliance with the adult's wishes, and to provide special knowledge or expertise that will assist the child to a desired goal. If children generalize these beliefs to the research situation, in particular to interactions with a researcher with whom they have a pre-existing positive relationship, it would be in their best interests to present behavior that they expect will foster and sustain positive relations and withhold that which will not. Therefore, the lack of pre-existing relationships between the researcher and the children in this setting was to the advantage of both the research and the children.

Lastly, as a member of the research team that was conducting a study of the motivation therapy program, I expected to have many opportunities to identify and examine my biases and test interpretations with colleagues. The idea of a concurrent study of children's coping behavior, in the same setting, offered the prospect of convenient access to these reliability checks.

In summary, several criteria were derived through a site appraisal process and, in turn, used to select the training home program as the location for the coping study. The selection criteria were as follows: (a) potential relevance, (b) theoretical relevance, (c) simplicity of the situation, (d) accessibility of the setting, (e) cultural validity (the best interests of the children), and (f) potential for scientific validity and reliability checks.

Choosing Entry to the Setting

Once the social motivation program was selected as the site for the study of children's coping behavior, I submitted a pre-proposal to

the members of the research team. They encouraged us to proceed with my plan and generously suggested ways to incorporate the study into the research activities of the team project.

The process of field entry into the 1984-1985 nursing home program was then carefully designed to produce the structure in which collaborative relationships between the researcher and the program participants could develop. Collaboration was believed to be vital to ethnographic inquiry, for "good ethnography," Spass (1982) reminded us, "is continuous with ordinary life" and (if it is to gain access to valid knowledge of meanings) "requires trust and confidence" (p. 29). Thus, participants in the research setting are not regarded as subjects to be studied but as informants (the ones who have the information) and collaborators in the process of reaching understanding. As Spass maintained it, the promise of ethnography lies in its "potential for helping to overcome the divisions of society between those who know and those who are known" (p. 30). As suggested by this, that ethnography is peculiarly appropriate to a democratic society.

When viewed in this light, we can see that the typical research strategy of distancing activities and treating research subjects as if they were objects is at odds with the conditions of trust and confidence that good ethnography requires. Moreover, it diminishes our ability to learn ethnographically, that is, to share the experiences of the group being studied and learn directly from its members.

Alternatively, collaboration involves working toward a fair or balanced relationship wherein each individual is conscious of his or her actions toward the other, is concerned with understanding the other's

active, and, over time, became committed to working with the other as a matter of negotiation and informed choice (Ingley & Winkler, 1977). Thus, a collaborative relationship between the researcher and the participants in the nursing home project was believed to be compatible with the nature of ethnographic research and its potential for democratizing the research process.

Nursing home personnel

During the summer of 1984, the coordinators of the 1983-84 project had resigned for family reasons from their respective positions at the school and at the nursing home. In late July, two new coordinator-supervisors who had been recruited from the nursing home staff held a planning meeting, while the search for a school-based supervisor was still open. At that meeting, the researcher discussed the purposes and methods of the coping study and sought the supervisors' informed permission to conduct the study at the name of the social reconstruction analysis. In addition to providing a written outline of the proposed project the researcher explained her particular interests in children's coping behavior and her reasons for choosing the setting. The supervisors expressed interest in the research questions and assured the researcher that she would be welcome in the setting.

Official approval

Because the nursing home was affiliated with a large health center, official approval of the coping study was required from the health center's Institutional Review Board. Following my meeting with the two supervisors, I submitted to the board a description of the proposed project and a copy of the parental consent letter (see Appendix A). The

study was approved within two weeks. A copy of the board's approval letter was then submitted to the Assistant Director for Research at the children's school, with an application for that institution's permission to conduct the study.

In late August, on receipt of the school's official approval, I met with the principal of the middle school classes. The purpose of this meeting was to describe the aims and methods of the coping research, distinguish it from the team project (of which the principal was already informed), and obtain her informed permission to proceed. The principal expressed great interest in the research questions and said she looked forward to "findings that might be useful [to us] here at the school."

In response to my inquiry about the place of the nursing home program within the middle school curriculum, the principal explained that the program was a single "club" or activity among several from which the students could select "to round out their education." A 30 minute "club time" had been incorporated into the daily class schedule. The students who selected "geriatrics" (the nursing home program) would use some of their club time to plan and prepare for the twice-weekly visiting sessions.

In light of the information about the school-based component of the program, I asked specifically for permission to observe the planning sessions. Reassuringly, the principal said that "the teachers and children at [this school] are used to observers" and are expected to participate in research projects. She advised me to consult the school-based supervisor (who was yet to be appointed) on methods of conducting the desired observation in the classroom and scheduling interviews with the children.

Phase I: personal

Two weeks after the opening of the 1984-1985 school year I met the teachers (Ms. Francis and Mr. Reid)¹ who had consented to "co-sponsor" the "parietic club" and supervise the children at the meeting hour. At the time of their appointment, the two had been informed that a team of researchers would be conducting a study of the reintegration program. In consultation with the principal investigator they had given their informal consent to the team project and had agreed to meet with the researcher who would be "studying the children."

The meeting took place at the school. It had been scheduled by the teachers to coincide with one of the introductory club sessions. As a consequence, the initial discussion of the research occurred in a series of brief conversations incidental to the teachers' work with the children. In effect, it seemed that the teachers had already taken the research for granted. Within minutes of the round of personal introductions, Mr. Reid explained the activity going on in the room (the children were making name buttons for themselves and their nursing home "partners") and suggested places and ways to conduct interviews at the school.

When the club session ended, I explained the purpose and methods of the taping study and my role in the team research. I gave the teachers a written outline of the proposed study and sketched a simple diagram to illustrate how the two projects would dovetail in the data collection activities. The teachers were encouraged to share their ideas about questions that I should address in the research and knowledge that would

¹Throughout this report, cover names are used to identify participants in the research.

be helpful to them in their work with the children. Written consent for the research was later obtained from all four supervisors.

The children

At the time of my initial contact with the student volunteers, I was well into the process of negotiating entry to the setting and establishing relationships with the adult "gatekeepers." I had also acquired a great deal of information concerning the program, the nursing home, and the school. In addition, I had learned from the principal that the students were accustomed to participating in various kinds of research and having observers in their classrooms. No doubt, these previous experiences would influence their expectations and reactions to the coping study.

Before meeting the children, then, I decided to seek the teachers' advice concerning the best way to identify myself and describe the studies to the group. In actual fact, the children were present at the club session where the teachers and I met for the first time. Of necessity, preparation for the introduction of the research to the children was brief. I merely outlined the principal's observations to the teachers and asked for their reactions and suggestions. Both agreed with the principal, speculating that most children attending that school had probably experienced being interviewed, doing tasks for researchers, and working in the presence of visiting observers. Ms. Francis shared the opinion that the children generally paid less attention to visitors when they received a bit of information about the visitor's identity. She offered to introduce us.

Following the teacher's introduction, I explained my presence by telling the children that I was one of four researchers who wanted to

learn about the program. I described what the research team would be doing--attending the club meetings and running home sessions, writing notes, asking questions, and talking about the program with the people directly involved in it. One child was overheard to question another, "I thought you said they were doing T.E." The second child shrugged. Picking up on the whispered query, I explained that one member of the team would be filming some of the conversation sessions to help the researchers collect accurate information and better their understanding of "what the program is all about." Returning to my own role, I described myself as "the one with the job of finding out, from the students' point of view, what is happening and what it is like to be in the program."

The children were attentive. One of the older girls ventured the question, "Will you be asking us to do things? Like tests 'n' stuff?" "No tests," I explained, only a request for an interview once in awhile and, much later, help in checking the accuracy of the research account. "During the year," I continued, "I want to learn from you. I hope that you will come up with ideas about how to put me in your shoes." "That's it!" whooped one of the girls. "Two footprints, one big and one small. That's what I'm putting on my buttons!" With that, all the children turned back to their button-making projects, and the discussion of the research was closed.

During this same club session, Mr. Reid had suggested that the parent permission forms be given to the children the following week, near the end of their first orientation visit to the nursing home. As he explained, "It [the visit] will be on their minds when they go home, and they will be more likely to remember to give it [the necessary form]

to their parents." So, Francis also suggested that I instruct the children to deliver the completed forms to her classroom the very next morning. Written consent, granting permission for the child to participate in the taping study, was obtained from all parents.

In the week following their initial contact with me, the children made their first visit to the nursing home. During the visit, they were introduced to all the members of the research team and oriented to the videotaping procedures and equipment. In fact, part of the visit was videotaped. The equipment was located in one corner of a small conference room, and the children assembled around a long, boardroom-like table. One of the co-investigators explained how and why some of the nursing home sessions would be videotaped. He advised the children to "act naturally" as the regular program sessions and not look at the camera, even though it might make them uncomfortable at first. He suggested that they would forget the camera after while because they would be paying attention to their nursing home partners. The children disagreed. They agreed that it was impossible to act naturally "with the big eye staring at you."

As it turned out, this was one of many discussions of the research we had with the children. Their reactions to the data collection procedures were puzzling, fluctuating widely over the course of the study, often appearing serious and deliberate and seeming to reflect an underlying preference. Eventually, we learned that the meanings they ascribed to "the big eye" and other features of the research situation were highly complex. Like the coordinators, the children were uncertain about the trustworthiness of the researchers and their recording devices, and anxious about the reactions of anonymous audiences to the

collected information. Yet, surprisingly, their concerns also involved matters within the volunteer group itself--peer friendships, cross-age relationships, and the display of social success or status.

Over the year it was discovered that the children perceived the research as an exciting but risky opportunity. In their view, it could enhance or jeopardize friendships and status achievements, depending on how well the data collection activities integrated with peer group norms. The main problem was the differential situation given to three children who had been randomly selected into an intensive study group of three child-resident pairs. It appeared that this arrangement interfered with the reciprocity structure of interactions and relationships among the children, and they complained that it was "unfair." It intruded upon the group's social order and manipulated the natural motivation for establishing and maintaining that order.

These discoveries of the children's social concerns and their interpretations of the research were made in discussions that were initially taken up to renegotiate their participation for access to events in which they were involved. Generally, our approach to the task of gaining their consent had been as adults interacting with children, rather than as researchers interacting with prospective research subjects. But it was obvious from the outset that the children were hardly interested in the presence of research; they demonstrated a bewildering array of reactions, some of which were open expressions of non-consent. It was not in the interests of the research, however, to simply "give in" to each complaint or request for change. Nor was it fair to trivialize the children's suggestions and objections through the use of rhetoric, or merely overrule them *de facto*, on the basis of authority.

Believing that mutually negotiated consensus was a more reliable basis for ethnographic inquiry than consensus based on coercion, I engaged the children in a series of reflective discussions. When one child or a group of children questioned certain research practices, I asked for further information. I encouraged them to tell me more about the problem they saw, to think it "out loud" and identify some of the reasons why the "problem" was a problem. In turn, I described the research "job," explained the data collection strategies of consensus, and provided reasons why the proposed alternatives might not be effective. I purposefully avoided one-sided interrogation in order to promote mutual reflection and joint negotiation. As a result of these discussions, some concessions were made by both the children and the researchers.

Description of the Setting

The nursing home

The study of children's coping behavior was conducted in a Veterans Administration Nursing Home Care Unit (NHCU is a small southeastern United States city. As part of a complex of VA health care facilities, the nursing home was a center of teaching and research for the colleges of medicine, nursing, and allied health sciences affiliated with the local state university. In addition, the 120-bed unit had been designated a clinical setting for geriatric research and education by the VA Central Office, Washington, DC.

The NHCU was established in 1961 to provide as nearly as possible a home-like environment for war veterans requiring long term institutionalized care. At the time of the coping study, 80% of the residents were sixty years of age and over, and the vast majority were male. Most

residents were acutely incapacitated by specific disabilities or disease processes, or by the facilities of advanced old age. Approximately one-third were severely incapacitated and totally dependent on others to meet their needs. In response to the care requirements of such a diverse population, the facility was well staffed with practitioners offering a full range of social and health care services.

The 2-1/2-year-old nursing home was a modern, fire proofing, three-story structure, surrounded by open areas and linked by indoor and outdoor passageways to the main building of the SA Medical Center. All the residents' rooms were located on the second and third floors. In the typical rectangular-inlaid design, service areas (elevators, nurses' station, hydraulic baths, storage and utility areas) occupied the center of each floor. Encircling the "service island" was a wide corridor lined with doorways which opened into the residents' quarters. These rooms included a lounge or "day room" and comfortably furnished one-, two-, and four-bedded suites. Many of the bedrooms offered a private bath and balcony.

The nursing staff seemed to put great effort into getting as many residents as possible dressed in street clothes and out of bed during the day. In the afternoon, the corridors filled with residents, most of whom were confined to loungers and wheelchairs. Those who were severely incapacitated (mentally and/or physically) were stationed near the elevators so that they could observe the activity and be observed by staff members. They often greeted visitors, including the children, in the social recreation program, with a variety of confusing gestures and calls for attention.

On the ground floor, the main entrance area was flanked by two corridors, one on either side, and a bank of elevators facing the door. A reception desk and two sofas furnished the small lobby. Very often, when the lobby was crowded with residents waiting for mail and visitors or wedding people came and go in the chance that someone would stop and chat. The walls of the two corridors were lined with graph rolls and decorated with colorful prints. Heavy boards, updated daily, kept everyone posted on the data, issues, and events of the day. One corridor led to professionals' offices and the physical and occupational therapy centers; the other one past the recreation centers and into a large dining room. The social reactivation program began in the recreation area.

During the early weeks of the 1964-1965 program, a folding wall between the recreation and dining rooms was opened prior to each session to extend the recreation area. After a large TV screen had been installed in one of the recreation rooms, however, the program was carried out in the dining room only, allowing other residents to watch television while the social reactivation sessions were going on. The dining room appeared stark (to the researcher) when it was unoccupied. Its grey vinyl flooring and sparse decor were well planned for safety and easy access by people in wheelchairs and as walkers, but the room lacked warmth and variety.

As shown in Figure 1, full length windows lined the walls of the dining room on three sides. The fourth wall, bordering the corridor entrance, included a doorway from the kitchen on one side of the entrance, and the folding wall partition on the other. Between meals, the doorway was closed with a pull-down metal panel. Each of the

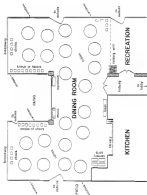


Fig. 1 Dining/Recreation Area

three sliding walls offered a set of glass doors which allowed immediate access to the outdoor patio and breezeway. Often, the vertical blinds covering the windows were fully closed to shade the interior from the heat and intense glare of the afternoon sun. The large room was sparsely furnished with approximately 15 heavy, round, white and chrome tables and numerous chairs, many of which were stacked against the walls. Seasonal holidays brought splashes of color and character to the room as decorations hung on the bare white walls. Other permanent objects included an aquarium, a radio console, a linen cart, a crushed ice machine, and several waste receptacles. All of these were pushed close to the edges of the room, leaving only the tables and a few chairs standing free. Usually, the program supervisors drew five or six tables closer together to create a physical center for the restorative sessions.

The school

The children attended the Laboratory school of the local College of Education. The school accommodated 900 students from kindergarten through Grade 12. It was organized into a lower and upper division, the lower division comprising the elementary and middle school grades. The 400 middle school students, 80 each in grades 6, 7, and 8, were taught by six academic teachers and several resource faculty members.

Mrs. Essler approached the Director of this school with her proposal because of the school's "commitment to innovative programming," its prior experience with a "grandparent" program for second graders, and its proximity to the nursing home. According to the 1984-1985 school calendar,

Enrollment at [the school] is completely voluntary. Students are carefully selected from a waiting list of applicants so that the school's population matches the economic, racial, and racial distribution of the State's student population. Students have a wide range of interests and abilities, but share the knowledge that they and their families have chosen [the school]. This gives [the] "youngsters" a sense of pride and belonging, valuable assets for an educational community.

The themes of responsibility, community, pride of membership, and being special (even exemplary) run throughout the text of the calendar-handbook. They are the organizing ideas of the routines based Responsibility Training, the Great Schools Network, and Student Behavior. In these sections the school is often referred to as an "educational community," and "a family of learners and teachers," membership is by "invitation." Repeatedly, students are informed by the text that they are expected "to accept responsibility for their behavior" and "contribute to a positive, orderly environment conducive to learning." The brochure explains that the discipline system used at the school "is based on the belief that students—not society, heredity, or the past—are responsible for their behavior."

The social construction program

During the weeks of negotiating entry to the setting, I also acquired background data on the program. The concepts and practice of social construction were defined and explained in a variety of documents: proposals, journal articles, videotapes, and manuals describing similar programs in other settings, and handouts addressed to the students and their parents. In face-to-face briefings with various school and community personnel, I learned about the history of the particular program being studied. In addition, I had many conversations with the students in the original volunteer group and, in May 1994,

attended a middle school assembly at which they presented the program to their peers.

History of the program: The social reactivation program in which the study of children's copying behavior evolved was conceived by two members of the nursing home staff. A few weeks after the facility opened, Mrs. Raleigh (a recreation therapist) and Mrs. Barker (a clinical specialist in gerontological nursing) began to entertain the idea of an interpersonal program that would benefit both elderly nursing home residents and school-age children. They looked for a concept or framework that would support the development of one-to-one relationships between children and elders over time. During their inquiries they discovered information about a 10-year-old program using middle-school students as "therapists" for residents of a Minnesota nursing home. The program was based on an intervention known as reactivation therapy. In the proposal for a Christiana Henningsen Program submitted to the director of a local school, the two practitioners described the idea of reactivation and outlined a modified version of the Minnesota program as follows:

Reactivation is a psychosocial rehabilitative technique designed to reach chronically ill patients in long-term facilities who seem to be unable or unwilling to engage in sustained interpersonal interactions. Its purpose is to maintain, normally and physically, those areas that are still active and functioning, and possibly to promote impaired areas in an individual. . . . The NCCU and [school] will plan alternate conversation topics such as health care topics, city-at-large, reminiscence topics, special seasonal or holiday themes, films, or talent shows. The students will be designated as conversation therapists and follow a modified reactivation program:

1. Climate of spontaneity-encouraging conversation that provides a comfortable, relaxed atmosphere.

3. A bridge to the real world—presenting songs or poetry applicable to the day's selected topic.

3. Sharing the world we live in—developing the topic through group discussion and a variety of visual aids.

4. Sense of appreciation—expressing appreciation for friendships established, bidding farewell, and creating anticipation for the next meeting.

At the completion of each [year's] program the students will evaluate their experiences and the MCH will conduct a "graduation" ceremony and present a Certificate of Appreciation to each student for his contribution to the work of the MCH resident.

Mrs. Raleigh and Mrs. Foster proposed a collaborative project, suggesting that the program be integrated into the Social Studies curriculum of the middle school as it had been in other settings. After many months of planning and preparation with school personnel, however, the program that emerged was an extracurricular activity for which 15 student volunteers were recruited from grades 6, 7 and 8. The students visited the nursing home twice weekly, on Tuesday and Friday, for 45-60 minutes at the end of the school day. Each week, Mrs. Raleigh planned the Friday program and the school nurse (Mrs. Thomas) planned the Tuesday ones. To provide conditions thought to be conducive to the development of close child-resident relationships, each student was paired with a resident. For the next year, these pairings were decided at random by Mrs. Raleigh. Having no personal knowledge of the children, she worked solely from a list of the children's names. The residential sessions were then conducted in small groups of three or four child-resident teams.

In the summer of 1966 both Mrs. Raleigh and Mrs. Thomas resigned from their respective agency positions. By then, the social responsiveness program had gained a foothold in the recreation therapy department

and appeared to be widely supported by the nursing home staff. Therefore, when the new director of the department (Mr. Sinclair) and his assistant (Mr. North) took up their positions they "subscribed" the nursing-home-based responsibilities associated with the program. In particular, they assumed the tasks of soliciting referrals from the nurses, planning and implementing the Friday program, providing transportation for the children, and coordinating the overall project jointly with school personnel. Mrs. Halsey agreed to stay on during the first week of the 1964-1965 program to assist the transfer to new hands. Thereafter, Mr. Sinclair and Mr. North planned and supervised the Friday program together and assisted at the Tuesday sessions.

At the school, Mr. Francis and Mr. Reid succeeded Mrs. Thomas. The composition of the student volunteer group changed as well. Nine new volunteers joined the six children who returned from the previous year. All but one of the new members were 6th graders who were also making the transition from elementary to middle school. That same year, the "clubs" were incorporated into the middle school day. This afforded the opportunity, recommended by Mrs. Thomas, to involve the children more fully in the planning and preparation of the Tuesday program. As explained by Mr. Reid, it also gave the teachers an opportunity to promote the development of a sense of responsibility to students. To carry out this aim within the psychiatric aim, it was of great importance, in Mr. Reid's view, that the children have "complete ownership" of the planning, preparation, and enactment of their Tuesday program.

The club meetings. The club meetings were held in Mr. Francis' classroom. At a typical session the children gathered at one side of the room. The early arrivals took a seat at the table there, and the

where pulled in chairs around the fringes. Although they were lively and talkative, the children usually sat waiting help for one of the teachers to open the session with a reminder or direction (to begin planning, or to continue working on preparations already underway). When planning was required the teachers mediated discussion and helped the children keep track of their ideas until they chose an activity as their end and identified how they would carry it out.

In the early meetings, the new volunteers eagerly introduced bits of information about their students' interests, talents, and reactions to a recent program, thereby suggesting themes or activities for the next program. They appeared to enjoy telling anecdotes from the nursing home visits and, in the story-telling week, described common problems such as understanding the resident's speech or involving him in the activities. The children readily advised each other and, occasionally, the teachers suggested specific strategies for dealing with specific problems (e.g., "watch his lips when he speaks"). Routinely, the older girls counseled the new volunteers to "just keep going," no matter the problem, assuring them that "things will turn out okay."

As the fall term progressed the group discussion of experiences and problems at the nursing home diminished steadily, appearing to lose relevance in the continued burst of conversation about classroom gossip and social agendas. The children worked more and more on their own, constructing materials or "juggling up an idea" while Ms. Francis prepared for her next classes. They tended to pick away at their lunches (the club was the last event of the morning) and drift into "just existing." When the teacher directed them back to work, they often claimed that they had finished whatever they had been doing.

Over the Christmas holidays the school faculty reduced the club component of the curriculum from five 30-minute sessions per week to one. Mr. Reid relinquished his role as co-sponsor of the geriatrics club because, he explained, other demands upon his time were increasing. The principal recruited Miss Beach, a middle school teacher, to assist Mr. Fossalis and the club sessions were shifted to Miss Beach's classroom. Together, the two teachers decided that the children needed "more structure."¹⁰

Beginning in February, at the teachers' suggestion, the children allocated one session a month to discussion of ideas for programs. They selected one idea for each of the next four or five Tuesday visits to the nursing home. Most of the students disliked these idea-generating sessions, claiming that it was "hard to think up so many things all at one time." In the concluding meetings they worked out the details of the activity chosen for the week end, when there was time, began any necessary preparations. The teachers became more active in vetoing ideas and suggesting others. Miss Beach intervened quickly on language and behavior, reminding the children of the responsibilities they had assumed upon volunteering for the program. She commented on their conduct at the nursing home, reminding them that their behavior reflected not only on the school but on their families as well.

With few exceptions, the spring club meetings were focused on planning. They were also sparsely attended. Two children dropped out of the geriatrics club to join a different club, although they continued to participate in the program. Several other children were absent due to other commitments such as student council meetings and play rehearsals. The seven or eight younger members who regularly attended

the club sessions complained that they were "burning out of ideas." They began to repeat activities thought to be "successful" on the first round. When asked in late April how the residents' comments figured into the planning one child responded, "We used to think of them all the time. That's how we got our ideas. Now we just know what they like, or we might think of it as we hurry away [from the club meeting]." Reflecting on the year, Mr. Francis considered how she might change her role with respect to the planning:

I feel that maybe the kids needed a little more help planning. It's a lot of responsibility to have to plan the program and they come over here [the meeting house] and feel it's all really on their shoulders. They're dealing with the guys and I feel that I could just lift some of that. I would feel more comfortable planning the program for them, with their input.

The preceding outline of the history of the sensitization program allows us to glance back at the series of events that shaped the setting (the construction sessions) in which the study of children's coping behavior began. Similarly, the condensed account of the club sessions provides a glimpse of the broader "program" in which the children and teachers participated throughout the course of the research. Thus, it is not to suggest that all these events were important activities to the children. In their view, the visits to the meeting house were, without question, the key events of the project for which they had volunteered. However, in their descriptions of the experience they often referred to something that had happened in the orientation walk or at a recent club session to explain what was occurring in their meeting house visits. In effect, they described a highly complex cultural scene which was undergoing continual change as its participants groped for points of agreement and ways to simplify things.

The social responsiveness sessions. The series of social responsiveness sessions began officially in the first week of October 1964 and ran almost continuously over the course of the school year. Only school holidays were accommodated by brief interruptions in the program. Taken weekly, directly after school hours, the student volunteers met as a group and made the short trip to the nursing home by van. Absences were rare and all children continued in the program to its end. The program closed in late May with an awards ceremony conducted by the nursing home staff. Each student was presented with a "Certificate of Appreciation" documenting the 150 hours (and more) of volunteer work he or she contributed to the health care of the residents.

Prior to the first responsiveness session, the children took part in a brief orientation to the nursing home, the program, and the research procedures. At that time, they were officially "signed up" as volunteers by the director of the volunteer department. This procedure had been carefully planned into the orientation by the supervisors to "make the responsibility more tangible." In the next week, the children also participated in two hour-long training sessions. The first was designed to prepare them for the various disabilities, sensory impairments, behavioral characteristics, and special equipment they might encounter in their work with the residents. The third pre-program session took the form of a welcoming party, allowing the children to observe, meet, and talk with a group of residents. The following week, they were introduced to their nursing home partners.

In the fall, the children arrived at the nursing home in high spirits. They were eager to see the residents and, upon their arrival, dispersed in ones and twos to seek out their own partners. Many of the

residents were easy to find, always waiting in the lobby or the dining room, or at the elevators on the second and third floors. Others were still in their rooms, perhaps not yet out of bed. And a few were simply dining in the sun on a secluded patio. It was up to the children to look for their partners and accompany them to the dining room where the group assembled to begin each session with snacks and conversation.

The new volunteers looked forward to the special mission of seeking out partners who were not already waiting near the entrance. For them, the trip beyond the first floor of the nursing home was an adventure in itself. But it was also a bit intimidating. Even the more experienced volunteers admitted feeling anxious about "going upstairs" and entering the residents' rooms or approaching the nursing staff on their own. So the children routinely paired up for these excursions. Then, upon locating the particular resident, the two sides immediately parted ways, often without a word. Typically, the child who was the resident's "pal" dismissed her confederate merely by quickening her pace and leaving the other behind. Fully attentive to the task, she then escorted her elderly partner to the dining room, seeming to take great pride in completing the mission by herself.

All of the children were also taken with the program itself, for that was where they first expected to pursue their interests and carry out their individual projects. Furthermore, it was there they felt most secure while investigating the unfamiliar official environment and learning what was expected of them at the remembrance sessions. At the start of the year, the children looked primarily to one another for cues signaling what to do and how to do it, spontaneously working things out together, as a team. As if by necessity, they coordinated their actions

to bring off the same events at the same time. Consequently, they accomplished such tasks as the translation from school at the coming home to assembly with the residents fairly quickly and smoothly.

As the year progressed, however, the children did not develop into a well coordinated team. Instead, they evolved into a loosely knit ensemble of small friendship cliques and ad hoc groups. Gradually, the earlier teamwork splintered into several smaller group projects, some of which varied with the goals of the program better than others.

The composition of these little teams was determined by the children themselves, and being the same age or in the same class at school was strictly an important determinant of membership. But it was not the only one. The children also appeared to sort themselves into one group or another according to style of participation in the sessions. That is, sometimes the carried out the tasks and activities of the program as an orderly fashion regularly worked together, while those who engaged in frequent "amusements," horseplay, and other such whimsical acts evidently joined children who were vitally active and playful. It seemed that for these lively children the peer interaction was an end in itself. In seeking one another's attention they also appeared to deliberately try with the expectations of orderly members and attentiveness to the residents. Certainly, they were more likely to delay or disrupt the ongoing session than were children who had adopted a more serious, work-like style of participation.

Such disruptions were most evident during the 15-minute "Free time" that was set aside at the beginning of each session to allow the children and residents to enjoy a casual and sociable conversation together. The children described this period as an opportunity to get

to know the residents, but most found it difficult to keep up a sustained conversation with their partner. Those who contributed best to the subject matter in the room remained seated with the residents and passed the time by talking to one another. Other children were continually on the move. Some had learned to extend the routine of looking for the resident well into the conversation phase. Others began each visit with an attempt at conversational involvement and then, having "run out of things to say," left the dining room without notice, explaining on their return that they had gone to help a friend find his or her partner.

These self-styled delays and excursions bothered the supervisors. They perceived them as displays of "disrespect for the residents and the staff [supervisors]," and as part of a growing problem of drift and disorder in the program. The major problem was thought to be the aimless activity of several "lamesture" children who were "just there to have a good time" and "more interested in doing their own thing" than in "paying attention to the residents." To recapture the children's curious involvement in the sessions, Mr. North and Mr. Sinclair made a conscious attempt to design activities that would "appeal to young people." The teachers exercised greater authority at the club meetings, directing the children to put more effort into planning their Tuesday activities. At the reconstruction sessions, the supervisors then tried to "keep things under control" by repeatedly signaling individual children back to where they were supposed to be ("go sit with your guy") and taking a firmer approach to correcting instances of outright misbehavior. As Mr. Francis later explained, no uncertainty were the supervisors about what was "supposed" to happen that not one of them

felt competent to manage the drift they were experiencing in the program.

Despite the program's heightened sense of development, the consultation sessions assumed certain routine features, such as a temporal sequence of tasks and activities. Typically, the settling-in process, which had been a relatively transitory phase in the early fall, extended into and became part of the conversation period. This opening phase was followed by the planned activity (the day's "program") and then, a brief departure phase which closed with the children scurrying to the van for the return ride to the school. As the order problems at the beginning of the hour worsened, so the turn to the day's program occurred later in the visit. The second transition to the activity phase, however, was usually accomplished quickly. It began with an announcement by one of the supervisors. Depending on the activity, the announcement was followed by instructions for the project, distribution of materials and, occasionally, rearrangement of the small table groups into teams or a large circle. All the participants to the session came to view these planned projects as the "main business" of the visit. The children looked forward to the turn away from free conversation, and many residents did as well, asking their young pals, "What are we doing today?" or "When is it going to start?"

In planning activities for their respective Tuesday and Friday programs, both the children and the supervisors approached each session as a discrete event. As the year unfolded, the task of generating a new idea for each session became increasingly difficult. To simplify the task, both groups tended to revert to a small set of activity formats, of which the "game" was by far the most common. Other formats included

the small-group discussions, the air/craft project, the party, the reenactment of contemporary events (e.g., presidential elections, airport control tower), the group singing, and on one occasion the children presented a program of short skits. With few exceptions the children planned either a game-like physical activity (e.g., balloon race, catchball) or an art project, while Mr. North and Mr. Sinclair favored small-group discussions and games (e.g., Trivial Pursuit, scrambled words). Several parties were also planned by the two nursing-home-based supervisors to celebrate birthdays, seasonal holidays, and the closing of the program. When an art project was carried out, the children offered the completed work to their partners. Some residents took every item, others declined each time, explaining that they had no more space for personal belongings in their room.

Over the year, the level of the children's involvement in the structured activities remained high. Most youngsters professed the action-based programs and rated highly those at which they had a good time. When necessary, they even "talked" lively interest in the activity, not only to support the spirit of the program as they understood it, but also, to escape awkward silences and protracted conversation with residents. The children always looked to the residents for evidence of a personal program, however, and they remembered best the activities that provided smiles and laughter among the elderly participants.

The residents

The residents of the nursing home who took part in the socialization program had been referred to the experience by members of the nursing staff. According to the nurses' assessments, they were residents who

needed opportunities to make new friends and were capable of participating in sociable interactions with school children. The supervisors followed up the referrals with a visit to each resident to describe the program and to invite the reluctant ones to attend the first session on a trial basis. In late September, 13 residents agreed to join the program. During the year, other residents were recruited from time to time to replace members who had died or gone home and to accommodate two students who joined the program in January.

All 13 residents in the original group were males. Their ages at the start of the program ranged from 50 to 86 years. Eight had attended the previous year's program and four of the eight were returning to the same student volunteer. Four residents had been physically disabled by war injuries; the majority were partially incapacitated by sensory deficits (e.g., hearing and vision loss) and motor impairments (e.g., paralysis, tremors) resulting from chronic disease or the normal processes of aging. For example, one man experienced constant pain due to rheumatoid arthritis, another suffered chronic renal failure, and another, Parkinson's disease. Two residents had medical histories of a psychotic disorder, signs of which occasionally surfaced in episodes of intense emotional lability in the one, and profound listlessness in the other. A few others were moderately depressed. However, all the residents were usually coherent, fully oriented to their environment, and interested in the children and the planned activities.

At one slight upset, several events occurred during the year which affected attendance among the residents and varied the size and composition of the group. Membership increased to 17 in January when two new student volunteers joined the program. At the same time, one resident

was discharged home to his family. He was replaced by a 58-year-old woman who was undergoing rehabilitation to prepare her to live independently in the community. The 81-year-old gentleman, who had been a favorite among the children, suffered a major stroke in early January and died one week later. A 58-year-old veteran of World War I took his place. Two other residents became seriously ill during the year, one in December, the other in March. Both were admitted to the intensive care unit of the state hospital, gradually recovered, and resumed attending the sessions several weeks later. In mid-February, the man with arthritis fell and broke his hip. Having worked hard to be pronounced fit for discharge, he was deeply discouraged by the setback in his progress. An ulcerulent surgery and after a great deal of persuasion by the nursing staff returned to the program in mid-March. Lastly, an influenza virus took its toll throughout the winter months. During one two-week period in January, more than half the residents participating in the program were ill and missing from one or more sessions.

The Spring Study Challenge

The 13 students who volunteered to take part in the motivation program had been recruited from the middle school classes of a nearby school. Six had participated in the initial 5-month program established by Mrs. Raleigh and Mrs. Thomas in January of the previous year. Four of these six "seasons" were 8th graders who were also friends. The other two action volunteers, one of whom was the only boy in the group, were in seventh grade. Of the nine new volunteers, eight were in Grade 6 and one in Grade 7. At the beginning of the school year, the children's ages ranged from 10-1/2 to 13-1/2 years.

This study concerns the coping behavior of 12 of the 15 student volunteers. The three children whose experiences were not taken into account were the daughters of two members of the research team. In the case of each child the researcher was working with more than one member of the child's family, one of whom (the parent) was her research associate, the other (the child) her research subject. No doubt the reader will see the problem of conflict of interest inherent in these circumstances. Thus, the following identifying information pertains to 12 middle school students, eleven girls and one boy. (See Table 1)

The children came from middle-class families ranging in size from two to eight members. The largest family was a blended family, the smallest, a single-parent family. Two of the children had lost their fathers through death and, at the time of the study, the parents of one child were involved in divorce proceedings. One of the family households included the child's maternal grandmother; the others comprised the parents and children only.

At the beginning of the year, all parents were gainfully employed outside the home. All had completed high school, and most had some college education as well. Three had trained at the graduate level. By occupation, the parents were either professionals, managers, semi-professionals, clerical workers, skilled technicians, middle-management personnel or middle-income business people. The financial status of the 12 families ranged from well-off to poor, with the majority in the middle range. The "poor" family had been "better than" but was undergoing numerous stresses and strains that year.

Four of the students were only children; five were the eldest children in the family; three were the youngest. Three of the eldest

children had daily responsibilities for the supervision and care of younger siblings. One was described by her father as a "second mother" to the preschooler and two infants in the family. According to their parents, several children had had previous experiences observing and helping family members care for ill or disabled relatives and neighbors in both the home and the hospital. One of the senior volunteers had a weekly job with the family across the street, sitting with an elderly grandparent who could not be safely left on her own. As second grandmothers, six of the children had taken part in the school's "grandparent" program, visiting the residents of a convalescent home with their teacher. Eight children saw their own grandparents "often" during the year. The remaining four visited with grandparents once or twice a year during holidays or the summer vacation.

Research Procedures

Sampling

This analytic-observational study of children's coping behavior was designed to accommodate the reactivation program and incorporate some of the methods of the main project. In addition, a process of theoretical sampling was employed to improve the representativeness and generalizability of the study findings.

The team of ethnographers investigating the reactivation therapy program focused their observations on one group of three child-resident pairs. Neither the children nor the residents in the group had had previous experience in reactivation therapy. When the three residents agreed to participate in the research, the three children became participants by way of their already existing assignment. The procedures for

studying this cultural group of three children and three nursing home residents were described in the pilot study proposal as follows:

Eighteen sessions will be videotaped: six in October at the start of the program; six in January in the middle of the program; and six at the end of March and at the beginning of April, near the end of the program. [Because only two names are used, the group was asked to remain together during the three intervals of data collection.] Ethnographic data will be collected by field observers during these sessions, during planning meetings at [the school], and non-therapy activities at the nursing home. Data will only be collected on nursing home residents, student volunteers and personnel from [the school], and the nursing home staff who are actively involved in the consultation therapy program. Interviews will be conducted with nursing home residents, students, [school] personnel, and nursing home staff members. (p. 4)

The same three children who participated in the above project constituted the original sample (sometimes called the intensive group) of the coping study. Although I considered a broader primary sample, I did not want to jeopardize achievement of the depth of analysis necessary to understanding the children's experience. To resolve the depth versus breadth conflict, I employed theoretical sampling procedures throughout the course of the study. This strategy was utilized to follow up specific questions generated by the ongoing data analysis and, later, to determine if patterns of behavior observed in the three children were also present in other members of the volunteer group.

Glaser and Strauss (1967) introduced the idea of theoretical sampling to cover and formalize a procedure of sampling according to theoretical purposes and relevance long used by ethnographers. Making sampling decisions theoretically is a method of determining what data to collect next in order to answer questions formulated during analysis of data already at hand. The ethnographer may decide to go back to the primary sample group (sampling "in") or on to other members of the

cultural group is the situation being studied (sampling "out"). Sampling out also includes going to comparable groups and situations that appear theoretically relevant.

In the coping study, I utilized both kinds of theoretical sampling. The three children in the primary group were sampled intensively throughout the year, especially during the intervals of videotaping and in the last month of the program. While the teacher sessions were being videotaped, a research assistant observed and interviewed four other members of the volunteer group—the seniors and two new children, one per session. After each of the three videotaping periods, observation and interview data were collected on other members of the volunteer group: five in the fall, six in the winter and nine in the spring. Thus, all 12 children were sampled at the start of the program and near its end; nine were sampled in the middle of the program. During the Christmas holidays and prior to the last 3 weeks of the program, data collected on children outside the primary sample group were examined for evidence of similarities and differences in relation to behavioral patterns found in the primary group. This inspection was carried out in order to detect the need for further observation beyond the original sample while the opportunity to make such observations was still open.

Three 4-week intervals of data collection and one 3-week interval were conducted during the course of the 8-month-long program. Each 4-week interval included the 3 weeks of videotaping for the main research project. These three intervals occurred from early October to mid-November, early January to mid-February, and mid-March to late April. The one 3-week interval coincided with the last 3 weeks of the program. During the periods of data collection, observations were made both as

the recreation sessions and at the club meetings. Interviews were conducted with the children, their parents, their teachers, and the supervisors of the program. These and other kinds of ethnographic data collected throughout the year will be described in the next section.

Data were analyzed using ethnographic analysis methods described by Spradley (1980). In addition, Gurr-Dunsmuir's (1983) description of the qualitative ethnographer's approach to analysis of interaction events was employed to examine the subtle features of teacher-student interaction in the naturalistic data.

The Developmental Research Cycle

Spradley (1979, 1980) has organized and synthesized traditional ethnographic methods into a set of procedures called the Developmental Research Sequence. In effect, Spradley's research model is both developmental and cyclical. To move through the developmental sequence the researcher engages in a cyclical process of posing questions, collecting data, recording data, and analyzing data. Throughout the course of the study the cyclical pattern of asking questions, collecting, recording, and analyzing data is repeated. The steps of the Developmental Research Sequence are as follows:

1. locating a social situation
2. making descriptive observations and using other data collection tools
3. making an ethnographic record
4. making a domain analysis
5. making focused observations and using other data collection tools
6. making a taxonomic analysis
7. making selected observations and using other data collection tools

8. Making a conceptual analysis
9. Discovering cultural themes
10. Taking a cultural inventory
11. Writing an ethnography

In the list of steps indicated, data collection and analysis occur interactively. In this study, four broad questions set the inquiry process in action.

1. What problems (shocks, uncertainties, troubles, difficulties, perplexities, concerns, tasks, conflicts) do children experience in the socialization program? What do these problems mean to them? Are they challenged by them? Do they feel threatened?
2. How do children cope with these problems? To what do they attribute such problems? What attitudes do they adopt? What actions do they take? What resources do they use? What kinds of assistance do they seek and from whom?
3. How or why do these coping attitudes and actions occur? What do the children want to accomplish? What aspects of the program account for their coping behaviors?
4. Do children value their coping experiences? Are they able to relate outcomes to their attitudes? Do these experiences contribute positively to children's sense of satisfaction and accomplishment?

Questioning fuels the ethnographic research cycle. The questions the researcher asks direct the observations, guiding the researcher into the cultural scene; free observations emerge questions to provide further direction. Spradley (1981) claims that questions discovered in the situation being studied are more likely to lead the researcher closer to the perspectives of the participants in the setting than are questions brought to the situation from the outside.

Thus, the ethnographic research approach begins without precise hypotheses which may "close off prematurely the process of discovery of that which is significant in the setting" (Ellson, 1982, p. 638). As

Leininger (1985) described it, this qualitative mode of inquiry is flexible and dynamic. While attempting to transcend the influence of preconceived ideas which may bias the outcome of the study, the researcher formulates "foregrounded" questions addressing the ethnographic focus (see the foregoing questions). The inquiry then "moves with people, context, situation, or events" (Leininger, 1985, p. 15). The researcher can reformulate and expand or refine the focus of the study as it proceeds. The qualitative paradigm generally permits, rather than constrains, the ethnographic research cycle "as new discoveries lead to new situations for cultural understanding" (Samuels, 1986, p. 348).

While the foregrounded questions served to provide a general framework for the coping study, other kinds of questions arose during the course of observation and analysis. These questions also shaped the data collection process.

Collapsing Ethnographic Data

The focus of this research was on the coping behavior that children construct in a specific social situation—the intergenerational communication program. The research task was to examine children's ways of coping in terms with problematic events and investigate how aspects of the social context might be related to these coping efforts. An understanding of the processes through which the context influences children's beliefs and behaviors required a methodology that goes beyond mere description of the setting and what children do in it. What was required was an approach that allows researchers to describe the "systems of meaning" (Spicer, 1980, p. 34) that people use to understand their experience and organize their behavior in a particular

situation. Because of its usefulness for these purposes, the ethnographic method of participant observation was chosen as the appropriate methodological approach to the research task.

The role of participant observation

Participant observation entails sharing as nearly as possible the cultural environments of the group being studied. It is the major method of ethnography, and because actively participating in some way in the experiences and actions of others to find meaning necessitates interpersonal interaction, conversing with members of the cultural group is likewise an essential component. As Becker, Geer, and Hughes (1968) explained,

The participant observer follows those he studies through their daily round of life, seeing what they do, when, and with whom, and under what circumstances, and querying them about the meaning of their actions. In this way [the researcher] builds up a body of field notes and interviews that come nearer than any other social science method to capturing the patterns of collective action as they occur in real life. (p. 17)

Participant observation, then, is both a device for gaining information and a social role or set of behaviors to which the researcher is involved. As the term "participant-observer" suggests, the role is two dimensional. Shalansky (1984), for example, explains that the researcher becomes the "instrument of inquiry by playing dual roles - by being present to the situation but by standing aside to observe it" (p. 70).

Being one of the earliest attempts to clarify the nature of this research method, Jherer (1968) described a continuum of participant observation. Major points on the continuum are (a) complete observer, (b) observer-as-participant, (c) participant-as-observer, and (d)

complete participant. Jorjar also noted that the role claimed by the researcher, or the role which ordinary participants in the setting assign to her, has consequences for what she will be able to learn. Therefore, where the setting permits, most fieldworkers vary the degree of their involvement with people and in the activities they observe to maximize learning during the course of the study. Embodying the broadest definition of the method, researchers say or say not what know their identity as observers, either partially and they may vary their style of participation, including the visibility of observation activities.

In this study I was a "hidden observer" (Schwartz & Jacobs, 1978, p. 51). The supervisors were aware of my explicit research purposes, and the students and residents were told that I wanted to find out what children do in the program, what things happened in their work with the residents and with one another, and what made it easy to do what they were trying to do and what made it difficult.

I adopted the style of moderate participation (Spradley, 1980) in the research setting. Regarding this style Spradley wrote, "Moderate participation occurs when the ethnographer seeks to maintain a balance between being an insider and an outsider, between participation and observation" (p. 60). In the range of participation-observation described by Jorjar (1980) I deliberately vacillated between the observer-as-participant and participant-as-observer positions.

Obviously, it was impossible to become a member of the student volunteer group. Likewise, because of the heterogeneity of my adult status, it was not possible to routinely carry out the same activities

as those done by the children. She could I articulate the role of nursing home residents. On the other hand, I did not want to take up a supervisory role, although that could easily have been arranged, because I believed that the positional authority associated with the role could have been detrimental to gaining the children's confidence. It was possible, however, to work out a role that blended in with program life, indeed aimed change in coping processes, and yet, allowed me to develop good relationships with the children, the supervisors, and the residents.

Participant observers report that good fieldwork relationships usually call for some kind of reciprocity on the part of the anthropologist (Agar, 1980; Spradley, 1980; Gorman, 1988). This participation can take many forms and may be initiated by either the researcher or the members of the group being studied. The circumstances under which my role and relationships with the ordinary participants in the social construction program took shape were somewhat unusual.

During the early weeks of the coping study, I discovered that I was so much a stranger to the program than were most of its participants. The program had been established only the year before and, having undergone a complete change of supervisors, it was still in an inchoate state. Not more important, perhaps, as a nurse I felt much more comfortable in the clinical setting than did the teachers and children, even though this particular nursing home was unfamiliar to me. Although I was conscious of it at the time, I learned later that my identity as a nurse and exposure to the setting were important factors determining the "back up" role I acquired in the situation.

The "back up" role emerged partly as a result of my presence at both the nursing home and the school. In the more familiar school environment, the teachers often asked me to explain some of the disabilities and handicaps to the residents, testimony registers, and organizational features of the clinical environment. Occasionally, they also asked for my opinion on the feasibility of an activity proposed by the children or my suggestions concerning how to involve the residents in a selected project. My specialized knowledge appeared to be more supportive than threatening, possibly because of my openly demonstrated reciprocal need for the teachers' assistance with navigating the bureaucratic maze and physical layout of the school setting.

At the consultation sessions, both the supervisors and the children sought my assistance from time to time. These requests were infrequent, and they seemed to arise only when another option was not immediately apparent to the individual who was seeking help. Usually, the children helped one another, or took their unusual problems to the supervisors; the teachers referred problems concerning the residents and nursing home protocol to Mr. Smith and Mr. Sinclair, or to Mrs. Kaylor when she was available.

The children called upon me to help them move a table, position a wheelchair, find a student who was not in the "usual" place, and so forth. Sometimes I responded by referring them to one of the supervisors, or to another child; at other times I agreed to help. The children understood that I was there to "write notes," that I was not a primary resource person. They often prefaced their requests with "Have you started [observing] yet?" or "Are you only a researcher today?" From the research perspective, these questions and requests provided

several opportunities for me to interact naturally with the children, to question or merely listen to them as they acted in the situation. On these occasions during the year I stepped into the supervisory role on my own initiative, twice to suggest to a group of children a way to settle a dispute about who was going to be on which team, and once to assist a table group of a small courtyard to the residents who were seated with them.

Mr. Francis and Miss Barth openly admitted that they were uncomfortable in the "hospital" environment. They felt ill-prepared to respond to problems associated with the residents' disabilities and disease conditions. On the few occasions when Mr. Barth and Mr. Francis were busy or unavailable, the teachers asked me to accompany a child to the main hospital to visit a resident who was ill, or to attend to residents who were in difficulty at the combination sessions. These necessary opportunities to reciprocate the supervisors' and children's corporal alliances of the research presence were taken in order to experience the program, not solely to gain acceptance.

Over the course of the study, I regulated the degree of my involvement in the setting by retreating from episodes of active participation to more detached observation and, during each session of fieldwork, alternating between remaining in a fixed location and circulating about the room. While mingling with the children and residents, I shared briefly with them to establish rapport, gather data (thoughts and feelings associated with what they were doing), and integrate the practice of informal interviewing with the emerging routines of the program, thus achieving its affect as ongoing processes.

The techniques of participant observation

Three main techniques were used to collect data. According to Kirk and Miller (1986), the use of a variety of modes of gathering information may be seen as a type of theoretical validity check:

Through multiple exposures of differing kinds to a problem area . . . emerging hypotheses are continually tested in stronger and stronger ways in the progressive routine of everyday life. This "method" is unusually sensitive to discrepancies between the meanings possessed by insiderscore and those understood by the target population. (p. 30)

In "within-method" triangulation of techniques and data sources, the researcher takes one method (e.g., participant observation) and uses multiple strategies with a view to reliability and validity. "It is a check on data quality and an attempt to confirm validity" (Fielding & Fielding, 1986, p. 25). However, as the Fieldings pointed out, "every mode of data-gathering is subject to specific validity threats" (p. 25). The accuracy of a strategy comes from its systematic application, but merely is the inaccuracy of one strategy obtained by the accuracy of another. Therefore, the reliability of qualitative research using the method of participant observation "depends essentially on explicitly described observational procedures" (Kirk & Miller, 1986, p. 41).

The validity that can be improved through the use of a number of data sources and multiple data collection techniques is theoretical validity. Is there substantial evidence that the theoretical paradigm rightly corresponds to observations? We combine strategies to "add range and depth" (Fielding & Fielding, 1986, p. 30) and guard against "the source of most validity errors - asking the wrong question" (Kirk & Miller, 1986, p. 30). The three principal strategies used in the coping study were individual documentation, ethnographic observation, and informant interviewing.

Individual documentation. Audiovisual recording is especially useful for capturing the details of face-to-face interaction which otherwise might be missed by less sensitive tools of data collection. From the ethnographic perspective, people develop patterns of behavior, such as methods of coping, as they proceed through the situations of everyday life. Audiovisual records detail the subtle features of social interaction among members of a social group or among members of different cultural groups. In the coping study, I was interested in understanding how the evolution of children's interactional experiences were related to the patterns of coping behavior they developed over the year.

Eighteen consultation sessions were videotaped by the research team conducting the study of the program, six each in the fall, the winter, and the spring of the 1984-1985 school year. During each of the three 1-week intervals of videotaping, the camera was focused on the three children and three nursing home residents who comprised the primary sample group. Usually, the group was seated around a table. When the activity of the day required a different arrangement (e.g., a large circle of the whole group, or competing "teams") the three children were asked to position themselves and their partners in close proximity to one another so that the "group" could still be visualized by the one camera.

All of the videotaping equipment except the camera was housed in a console-style wooden cabinet. The cabinet was positioned 8 to 10 feet from the group and, when possible, in a corner and between other objects or pieces of furniture. The camera was mounted on top of the console and its manipulation was kept to a minimum. The principal investigator

of the research team sat behind the cabinet during each session of videotaping to observe the record on the monitor and make any adjustments that were necessary. Her presence was partially, sometimes fully, concealed by the cabinet. To improve the sound quality of the audio-visual document, a battery-operated tape recorder was placed in the center of the table or as close to the group as possible. All of the equipment was put into position prior to each recording session, checked to determine that it was in good working order, and then turned on as soon as the children arrived at the meeting room. Only that portion of the children's visits that took place where the group assembled, that is, in the dining room or recreation room and, on two occasions, outdoors on the patio, was videotaped.

Ethnographic observation. During each of the four intervals of data collection (three 6-week periods and one 3-week period) I attended both the recreation sessions and the club meetings as a participant observer. At the invitation of the supervisors, I also attended two sessions which fell outside the scheduled intervals--the Christmas party in mid-December and the children's skit day in the last week of February. In addition, I observed four of the September club meetings: two prior to the children's orientation to the nursing home; and two during the orientation week. Over the course of the year, I observed 44 of the 50 hour-long recreation sessions and 33 club meetings for a total of 56 hours of program activity which involved the children.

In the first month of the program, I rarely talked to the children or played with them while program activities were underway. During these early recreation sessions and club meetings my interactions with children usually involved nothing more than the return of a game with a

refile. This seemed to be an effective response in that it did not provoke further interaction. The child usually grinned and turned his or her attention elsewhere.

Prior to the children's arrivals at the nursing home I found a place from which to observe the opening activity and interactions. I varied my location from one session to the next, standing myself in the lobby, near the elevators on the second and third floors, or in the dining room. In this way I was able to observe the children's search activities and the meetings and greetings of children and residents that occurred in these different places. Similarly, I observed during the departure phase, at the end of the group sessions, by changing my post in order to follow a child returning the resident to his room, another taking the resident outdoors for a walk, and so forth.

During each of the 3-week intervals of individual recording at the residential facilities, I sat close to the primary couple group and generally remained in a fixed location from which I could observe the whole group as well. As the study progressed, I began to alternate between remaining seated and moving about the room. I recorded observations, including verbatim data, in a small notebook. I carried the book with me while on the move to record other participants that I was an observer, even when I was involved in an event. When natural breaks occurred in my interactions with children, residents, or supervisors, I retreated to the sidelines of the sphere of action to record written fieldnotes. Although the earliest fieldnotes included extensive general description of the setting, the majority of observations were directed toward the children's actions and interactions. In-the-field observation occurred in conjunction with the

individual recording to supplement the videotape record and facilitate analysis and interpretation of that data.

During the 3 weeks of each data collection period when individual recording was not in progress I focused my attention on child-resident pairs outside the primary sample group. These pairs were systematically selected for observation on the basis of questions arising from the ongoing analysis of the original data. For example, in the early fall the three children in the intensive study group talked about the difficulties of "making conversation with someone you just met." Having observed many of their difficulties, I wondered whether other children had these same problems with conversation and what reasons, other than a new relationship, children gave for conversational ease and difficulty. With these questions in mind I sampled two senior (experienced) volunteers who had returned to the resident work when they had worked the previous year, and two other new student volunteers who were establishing a relationship. At other times I looked for children who did and did not have previous experience caring for someone in a dependent position; who were at the lowest or highest end of the group's age range; who had a "best friend" in the group; who liked or disliked their sibling partner; who were working with residents who were in pain, or had a speech impairment; and so forth. In these occasions and at the club sessions, observation and fieldnote records provided the primary data source. These records will be detailed in a subsequent section.

At the brief (30 minute) club sessions, I maintained a fairly passive role throughout the year. I became an active participant only when called upon by the teacher for a suggestion or a reaction to an idea under discussion. Otherwise, I remained on the sidelines and

recorded observations in a small notebook. To facilitate the task of capturing the multiple conversations and rapid exchanges of ideas and opinions during the planning discussions, a tape recorder was also used during September and October. However, the children complained vigorously that its use inhibited their social interaction and the audio-taping was discontinued. On two occasions, when time permitted, I played back a videotape that the children themselves had recorded at the negotiation sessions.

Informant interviewing. Formal and informal styles of interviewing (Spradley, 1980) were utilized in this study. Formal interviews are those which occur at the researcher's request. In these cases the researcher has particular questions in mind and asks people to schedule a time when they can meet with her. Informal interviews occur when the researcher questions the ordinary participants in the setting during the course of fieldwork or when the participants "help" the researcher with voluntary information (Agar, 1980). Though both types of ethnographic interviewing members of the cultural group being studied are invited to become the researcher's informants, to assist her to share their world and learn from them.

Formal interviews were conducted with the children, their parents (on several occasions, the child's brothers and/or sisters were present as well), the school-based supervisors, and two middle school teachers whom the principal identified as knowledgeable about the school and well acquainted with many children in the middle school classes. The average interview with parents, supervisors, and teachers took about one hour. The interviews with the children were generally scheduled during quiet

time¹ or free periods of the school day, and each lasted approximately 20 minutes. I also had access to the transcripts of interviews conducted with the nursing home residents by another member of the research team.

All formal interviews were tape recorded. A battery-charged tape recorder and long-playing tape were utilized to minimize whatever distraction audiotaping might have caused for interviewees. I also took an electrical cord, an extra microphone, and on several occasions, an extra, well-sized tape recorder to each interview session. Permission to use the tape recorder was requested prior to each interview and some of the informants refused. All informants were assured that their names would not be included on the typed interview transcripts and, where it could not affect the meaning of the findings, that other identifying information would be omitted or changed. However, the anonymity of either the school nor the nursing home could be assured. Both the laboratory school of the College of Education and the nursing home unit of the VA Medical Center were unique agencies in the community. Their mandates to experiment with new ways of serving selected populations and their research and training missions were taken to be potentially relevant contextual factors to this research. Each adult informant was apprised of this working hypothesis prior to the interview.

Interviews took the form of "guided conversations" (Lofland, 1971, p. 34). According to Lofland, the object of this form of interviewing is to assist interviewees to speak freely and in their own terms about a

¹From time to time the first period of each school day, a 20-minute period scheduled for "special activities that help start the day positively."

set of concerns the researcher brings to the discussion, plus whatever else the interviewee might introduce. I made a conscious attempt to make the discussions with my informants as comfortable and conversational as possible. I scheduled the formal interviewing into 2-week episodes throughout the year, meeting separately with various members of one of the aforementioned groups within each episode. Prior to each series of interviews, I identified for myself the explicit purposes of the interviews and prepared a common set of questions. Although these questions provided a framework for each series, the conversational format often produced unexpected data and new leads provided by the interviewees.

For example, during my initial interview with each child I asked, "How did you become interested in this program?" Every child responded by narrating the circumstances under which he or she heard about the program, concluding with a statement of personal interest--"he is married like me," "so I said okay" (to a best friend), "and I wanted something to do after school," "I like elderly people," "'cause my sister liked it last year," and so forth. However, one child added a new dimension to the accumulating list of motives for joining the program. He summarized, "as I know I'd get to meet lots of new people," paused briefly, and added brightly, "but I know it's really to make you a better person and all that." The qualifier prompted me to ask, "Are other people you know interested in your taking part in this program? Why?"

This kind of conversational give-and-take was typical of formal interviewing in this study. Questions like the one above were asked on subsequent interviews to see if views expressed by some informants were

shared by their cohorts. And, in the course of responding to a given question, interviewees sometimes answered inadvertently other questions in the interview guide. Thus, the order in which concerns were introduced changed from informant to informant. The question sets for formal interviews with the children, their parents, the teacher-supervisors, and the two additional teachers may be found in Appendices B, C, D, E, F, G, H, I, and J. Over the course of the study, interviews were scheduled as follows:

1. The three children in the primary sample group were interviewed separately in October, again in January, and in April. They were also interviewed together in the fall and one week before the program ended. All other children were interviewed twice. The timing of these latter interviews was based, for the most part, on theoretical sampling decisions as described in a foregoing section (pp. 68-70).

2. Interviews with the families of the three primary children were conducted in early November and again in late March. The families of seven other children were each interviewed once, three families in the fall and four in the spring.

3. Interviews with the school-based supervisors were conducted during the last two weeks of the program. The other two middle school teachers were interviewed in January.

I attempted to conduct interviews in places that were familiar and comfortable for the interviewees. I met with the children at the school, in various locations that also offered privacy. The teacher interviews were generally conducted in the teachers' offices. The majority of family interviews took place in the home. In one instance, I met the

parents of one of the primary children (for the second interview) at the mother's place of work. In two cases, I interviewed the child's parents at the nursing home.

Informal interviewing generally occurred during the course of participant observation. They took the form of brief conversations and discrete question-answer exchanges initiated by me or by the ordinary participants in the setting. My questions were typically suggested by an observed event rather than determined in advance. For example, when children arrived at the door of the dining room with their partners, they usually stopped momentarily to scan the room. Standing near the entrance as an on-looker, I might have asked casually, "You have your choice today. How do you usually decide where to sit?" When the sessions were underway, I moved about the room and, stopping to "visit" a table group, asked such questions as "What do you call this activity?" "Can you do it in different ways?" or "Does Mr. Pepper enjoy the game?" and "How do you and Mr. Graham know each other's favorite color?" However, informal interviewing began in this way and more intensive when the visiting sessions were already in progress than during the opening and closing minutes of the visits.

Much less disruptive were conversations which followed children's requests for assistance and greetings offered by a child or resident when I stopped by a particular group. For instance, when children reported that they could not find their partner, I often asked, "Where have you looked so far?" "Are there other places?" or "Did you ask the nurse?" "Could you?" And, when I accompanied children on a search for the resident on a visit to the hospital I had many opportunities to

learn about the meanings they assigned to a "hanging" resident, the nurses' station, hospitalization, and so forth. Similarly, an invitation by members of a table group to "Come and talk to us" allowed me to sit with the group for a few minutes, assist them to generate lively conversation, and then ask some ethnographic questions that were appropriate to the conversation. As the year went along, children also hailed me, again and again, with "know what?" questions and voluntary information which would be taken further if it seemed relevant to the research questions, and the child was willing. An example from field-notes concerning an incident that occurred as I was leaving the nursery from one day:

Ann, Jennifer, Nancy, and Ellen were sitting on the grass at the edge of the sidewalk. As I neared the group Nancy jumped up and offered me a candy from the bag in her outstretched hand.

Nancy: Know what I liked?

Unrecognized: What?

Nancy: Mr. Pepper gives Lisa candy every time. Today he gave her two bags, so she gave me one.

Unrecognized: For your sweet tooth?

Unrecognized (laughing): How why he does that?

Unrecognized: Why?

Nancy: I think it's because he thinks she doesn't like him, and he really wants her to like him.

Unrecognized: Can the residents tell whether or not the children like them?

Three of the four children answered the question with a lively exchange of examples of how people demonstrate and perceive "liking." This allowed me to then ask, "How does Mr. Pepper's strategy fit in here? Or does it?" Additionally, the discussions of the research practices (see pp. 44-45) that were periodically initiated by the children throughout the year proved to be valuable sources of information about the immediate relevance of issues within the peer group.

A number of informal interviews with the supervisors occurred during the consultation sessions; many others took place in the quiet moments following the children's departure from the club meetings, and during walks across the school grounds. At the consultation sessions, the supervisors tended to alternate between standing on the fringes of the assembly of children and residents and moving about to check on the small groups for their progress with the given activity. Like participant observers, they took note of the ongoing events, often standing side-by-side and jointly conducting a running commentary. On many occasions they included me in their conversations, even allowed me to probe their comments for further information. For example, I asked questions such as, "Why do you think they group themselves like this?" or "Are there others that strike you as doing a particularly 'good job'?" or "How do you account for the 'remarkable change' in Mr. Leland?"

When the supervisors initiated conversation they often did so to report an event that I had missed or to draw my attention to an ongoing event. "Look behind you - near the window" provided the opportunity to gather the supervisors' descriptions and explanations of events by asking "What?" or "What do you think is going on there?" Throughout the course of the study the supervisors kept me well informed in many other ways: by pointing out photographs of the children and their portraits posted on nursing home hallway boards, reporting discussions of the program and the children's work at school faculty meetings, providing copies of materials used by the children during program activities, and recording the children's submissions in an essay contest on "Being a Volunteer."

Supplementary data collection techniques. Over the course of the study, other kinds of data were collected to identify the children's personal-social characteristics, test the validity of emerging hypotheses, help resolve unclear meanings, and uncover new leads or gain additional insight. These data were gathered using a variety of techniques.

Following the return of the parental consent forms, I contacted the parents by telephone to acknowledge their cooperation and seek information concerning the child and the family. The requested information included the child's birthdate and position in the family, size of the family, composition of the family household, parent education, and parent occupation. In the vast literature on child behavior and development, research findings suggest that these factors influence the relationship between aspects of the social context and many attitudinal and behavioral outcomes in children (Helwig, Lerner, & Spender, 1983; Knoffmeyer, 1979; Lerner & Sigel, 1983; Weiss & Weiss, 1985). These data also served as a profile of the support and problem-solving resources within the family context that children might utilize to deal with difficult events. During the telephone conversations, most parents also volunteered information concerning the child's abilities, needs, and previous experiences which they believed to be relevant to the child's interest in the program. Information related to the family's economic resources was voluntarily offered by parents during the family interview or gathered through observation in the home setting.

Another source of data was the children's written answers to the following questions concerning their wishes and intentions.

1. How did you become interested in the pediatric program?

1. What kinds of things are you expecting or hoping to do in the program?
2. On the line below circle the number that matches how good you are that you will be effective in working with your nursing home partner.

10	20	30	40	50	60	70	80	90	100
not			maybe			probably			very
sure						sure			sure

These data were collected during a September club meeting, prior to the first orientation visit to the nursing home. One week after the May closing ceremony I met with the children to ask them to "update" their answers. They were instructed to read one response at a time and write the first thoughts or feelings that came to mind and reflected what had actually happened.

These written data, produced by the children in a group context where they passed as one another's responses, were compared to their responses to similar questions posed during the interview. By using various media to collect data on the same phenomena, I attempted to provide for each child the conditions under which he or she best expressed himself or herself, thus improving the quality of the data. Furthermore, as was expected, these changes in research intervention produced evidence of stabilities and instabilities in the children's behavior. Such findings were then explored not only to understand the effects of the research problems, but also to uncover other contextual factors that were meaningful to the children. As Kamberly and Wilson (1983) suggested, comparison of data collected under different circumstances is but the contextual extension of qualitative research made explicit.

The fact that behavior and attitudes are often not stable across contexts and that the researcher may play an important part in shaping the context becomes central to the analysis.

Indeed, it is exploited for all it is worth. Data are not taken at face value, but treated as a field of inference in which hypothetical patterns can be identified and their validity tested out. Different research strategies are explored and their effects compared with a view to drawing theoretical conclusions. (p. 14)

Videotape reviews attended by one or more student volunteers were also employed as a data collection strategy. The first set of three reviews was undertaken to enlist the children's help with classification of the various recurring "contexts" or group events in the consultation sessions. These reviews took place during the last week of November, prior to the Christmas-oriented sessions and the holiday intermission. Each of the three children in the primary study group took a turn at viewing several videotapes with me. At each sitting, I first played two tapes at a slightly slower than regular speed, asking the child to name and narrate the activity depicted on the screen and stop the tape each time she sensed that something new was happening. The children were asked to focus on what people were doing together, not on what individuals were doing separately. Different tapes were selected for each child. This procedure took about 40 minutes.

During these initial reviews of the video recordings, I did not attempt to draw the children into careful examination of their own behavior, for the effects of such self-confrontation on subsequent attitudes and actions were unknown. For the same reason, the sessions were scheduled immediately prior to the holiday season. It was expected that any self-consciousness that might have been induced by the single viewing would dissipate during the 3-week break in the consultation program. However, the children showed great interest in the videotapes and attempted to extend the sittings by offering to do some coding of

program activities. Therefore, at the end of the structured portion of the session, each child was invited to select a videotape and play it in whatever way satisfied her interests. This portion of the session lasted approximately 10 minutes, during which time I observed and recorded the child's reactions and "enjoyed" the movie with her. The situation was like that of two people watching a home movie together. For the most part, the child led the commentary and I provided appropriate listening responses.

A second set of five videotape reviews with the student volunteers was conducted during the summer of 1985. The main purpose of these reviews was to obtain the children's perspectives on the face-to-face interactions occurring within the cooperative sessions and to verify my interpretations of the subtle features of those interactions. By that time, a descriptive system for categorizing interactional sequences was being developed and it was necessary to test inferences about the level at which events in the environment were meaningful to the children, and about the meanings of those events as well. I also hoped to clarify some of the apparent discrepancies between interview and observation data, between what the children said they were doing and what they actually did.

Each session was attended by three children; at least one of the three was also a member of the primary study group. Each viewing team examined several segments of three videotapes. One tape was selected from the fall session, one from the winter, and one from the spring. (In addition to the six tapes which focused on the primary study group, the spring series included four recordings

collected in May on four other groups of child-resident pairs.) The average summer viewing session lasted about 95 minutes.

Outsiders were recruited to attend these sessions as observers. One session was attended by an anthropologist, two by a graduate student with experience in teaching young adolescents and training in qualitative research. Following each session, I met with the observer to compare and discuss the data each contributed on the playback situation. The outsider's perspective was utilized to help identify and minimize researcher bias and gain additional insights.

At these summer viewing sessions, the children were asked to attend closely to what individuals were doing and to describe their own actions whenever the video recording was related to them. The tapes were played slowly, stopped frequently, and replayed to allow the children time to describe and discuss each segment. I tried not to take it for granted that I understood the meaning of familiar explanations or terms that the children used repeatedly and assumed were self-explanatory. For example, when a senior volunteer said of one of the younger mothers, "she doesn't know what to do," I replayed the segment of interest and asked the senior to show me what she had observed. Similarly, when all three children in a viewing group simultaneously declared, "That day was so-o-o boring!" or when one child said to another, "Your guy talks to you. Mine never says anything," I asked the children to use the videotape to recall what they did under the circumstances they had just described.

The children also requested many replays to settle a disagreement among themselves about the meaning of an event or to merely enjoy again a scene that gave them pleasure. Sometimes, they even "re-lived" the

recording, seeming to leave the playback setting momentarily to sing and laugh or call out answers to quiz questions with the group as tape. Alternatively, they literally shook from scenes that bothered them, expressing embarrassment or annoyance at themselves and worrying about the reactions of other auditors. These spontaneous responses were also probed for further information, though such probing was occasionally delayed until after the narrative mode had been reestablished.

Repeatedly, children were surprised by the video version of their program experiences. Even when they found evidence of exemplary behavior, they claimed that the recorded events did not "look" the same as they were "felt" in the live situation. Nevertheless, bringing the reconstitutive machine back to the students with a recording appeared to facilitate their ability to report on their thoughts and actions in terms of the recorded interactions, rather than in terms of the interview context.

Notes on Ethnographic Record

Data from field work, interviews, and the audio portion of the video recordings were transcribed into typed protocols. These transcripts, the videotapes, a collection of sketches and printed materials attached to the fieldnotes, and a research journal comprised the ethnographic record.

The goal in taking fieldnotes was to record observed activity in as much detail as possible. Language was recorded verbatim, and actions were recorded in specific, concrete, and particularistic detail. Each fieldnote was developed in two stages. First, a "condensed account" (Openshaw, 1980, p. 66) of what actually happened was made in the research setting. Later in the same day, these brief notes were

expended to include a full description of the participant-observation experience. When filling in details to complete the account I took care not to replace the language of the participants or to move to higher levels of abstraction. To check the tendency to generalize, I indicated when I was quoting directly, paraphrasing, or summarizing. The expanded fieldnote was then transcribed into a typed protocol. Each page of fieldnotes was numbered and coded to identify the date, time, and location of observations. The lines of data were numbered from the top of the page and a wide margin allowed room for coding and jotting down notes and questions.

Fieldnotes recorded during the sessions of videotaping included descriptions of the setting and such information as activities that occurred before and after individual recording, and interactions involving the primary study group beyond camera range. These data supplemented the video record and facilitated interpretation of that record. When videotaping was not in progress, fieldnotes focused on the activities of other small groups of child-resident pairs. Fieldnote records also provided the primary source of data on the club sessions.

My subjective experiences, questions, and ideas which arose during participant observation were recorded in the condensed notes and later incorporated into the expanded account or transferred to the research journal. Intuitive "understandings" and sympathetic or unsympathetic reactions to observed events were bracketed in the fieldnotes to separate them from observations. Questions and ideas for further observation and interviews were listed on a separate page at the back of the transcript. Other data pertaining to particular instances of observed activity were attached directly to the transcripts of interest.

These included sketches of gifts, cards, and notes exchanged between the children and their partners, copies of printed materials utilized during the observed situation, and diagrams of activity structures. Maps of the two classrooms and the dining recreation areas of the nursing home were also made. Fieldnotes recorded in the two research settings, the construction sessions and the club meetings, were separated and kept in large annotation files.

Final interviews were transcribed into typed protocols which included audiotape data and observations of nonverbal behavior. The format was identical to that of the fieldnote transcripts, with the addition of a letter code to identify the informant. These interview data were filed separately from fieldnote records and sorted into informant groups.

The research team's principal investigator provided us with copies of the 28 protocols transcribed by her typist from the audio portion of the videotapes. Extensive work was required to develop each protocol into a full account of the observed interactions. The first task involved identifying the speakers and filling in gaps in the transcripts as much as possible. This was done by playing each videotape and the related audiotape simultaneously, adding the initials of the speakers to the script, and checking each line of text for omissions and inaccuracies. When discrepancies between the transcript and my hearing of a speaker's words were detected, another listener was recruited to help resolve the problem. The second task was annotation of the typed protocols with visual data from the videotapes. These data included a brief description of the composition of the group and the positioning of the members in relation to one another. Comments were on nonverbal

behaviors thought to be important in conversation (Harbil, 1973), generally observable in ongoing interaction, and easily recorded from the videotapes were also used. The videotape protocols were cross-referenced with the corresponding fieldnote records and then filed together as a separate data set.

Data collected during the review of the videotapes with the children were transcribed into written protocols through the same process as that used to develop the fieldnote records. These data were cross-referenced and filed with the videotape protocols.

A standard form was devised to record the information about the child and the family that was collected early in the year from parents (see Appendix I). The completed forms were compiled in a single folder as were the children's written responses to the three questions concerning motivation. In yet another file, I collected copies of essays on "Being a Volunteer" which the children had entered into a contest held in February by the director of the hospital's volunteer services.

In addition to fieldnote materials and motivational records, I kept a journal of events that occurred to me personally during the study. Being participant observation differs from many other kinds of research in that the researcher is a major data collection instrument. The field journal serves as an introspective record, revealing personal thoughts and feelings that influence observations. As Gennep (1968) has noted:

Engaging in the activities of another cultural group through participant-observation and trying to find meaning in the behavior of others demand considerable introspection on the part of the ethnographer, who, by the accumulation of education and life experiences, brings his or her own cultural perspectives to the field. (p. 155)

In any attempt to study human behavior the very nature of the subject matter gives the researcher's beliefs an unavoidable relevance (Kaplan, 1964). Thus, Spradley (1980) recommended that ethnographers keep a journal containing "a record of experiences, ideas, fears, mistakes, confusions, breakthroughs, and problems that arise during fieldwork" (p. 71). These records of self-reflection are essential parts of the data being collected, not merely "contaminants" to be cleaned from the research process, for, as Fielding and Fielding (1984) have argued, "Our basis for analytic progress is intersubjectivity" (p. 42). That is, the ethnographer makes use of herself as an analytic device by reflecting on her own experiencing of events in the natural setting, recording the "horizon" of her background knowledge for the "moments" when the particular cases observed behaviors as expected or remarkable, and other behaviors as baffling.

In the field journal, I elaborated upon my reactions to observed events and never-referenced any of these notes with the bracketed words or phrases recorded in the corresponding fieldnotes. Additionally, a record of the process of gaining entry to the research setting and notes taken during meetings with the supervisors throughout the year were entered directly into the journal. I also kept a log of meetings with my thesis advisors and other consultants. Meetings about the work of doing ethnography, the research goals, the influence of a research experience on children's social development, the children's reactions to the camera and the tape recorder, problems and methods of interviewing children, and about the definition of coding—all were recorded in the journal and frequently reviewed over the course of the study.

Analyzing Ethnographic Data

Underlying the qualitative orientation of ethnographic inquiry is the assumption that behavior is shaped in context and that events cannot be understood adequately if isolated from their contexts (Bicchieri, 1984). A second premise is that contexts or situations are experienced by individuals as wholes (Merrell & Gambler, 1984). Consequently, "the aim of qualitative research is to understand the unity of experience" (Sherman, Webb, & Andrews, 1984, p. 26), that is, experience as it is "lived" or "felt" by its participants. Ethnographers attempt to carry out this aim by searching for patterns of experience, the full meanings of behavior and the patterns shaped in the actual settings of a given sociocultural environment.

In this study, the research goal was to understand the coping behavior children developed in the course of their work in a particular social reactivation program. The specific objectives of the study were to describe the patterns of behavior children constructed to cope with their problems and to gain insight into the processes through which the program environment influenced these ways of coping. Analysis of data collected through participant observation involves a systematic search for order and understanding by "working with data, organizing it, breaking it into manageable bits, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others" (Ingles & Wilson, 1987, p. 145).

Beginning with a widely-focused investigation of the entire social situation I worked first with fieldnotes and interview data in the attempt to identify the kinds of problems children were experiencing and other cultural categories useful to the study of coping. Then, guided

by the children's accounts of their experiences is the progress. Further analysis was narrowed to an in-depth investigation of recurring interpersonal events. Toward the end of the project I shifted back to the broader perspective, trying to understand how the children's coping behavior was related to the rest of the cultural scene. Spredley's (1980) model of data analysis was employed to organize and interpret data. Inspired by the Developmental Research Sequence (see pp. 71-72) analysis was ongoing and consisted of four phases:

1. *Domain analysis:* In this first and ongoing phase of analysis I identified categories of events, or what Spredley called cultural domains. These categories were discovered by reading the protocols with specific questions in mind. Spredley identified nine types of questions which are useful in classifying seemingly unique objects and events into categories. These questions include, "Are there kinds of things here?" "Are there places here?" "Are there parts of things here?" "Are there results of things here?" "Are there reasons for things?" "Are there stages in things?" "Are there characteristics of things?" These questions suggested categories but were not taken to be collectively exhaustive. Examples of some of the earliest cultural domains were Ways to Start a Conversation, Kinds of Facial Expression, Kinds of Problems Children Have, and Reasons for Not Asking for Help. Domain analysis was repeated as new data were collected throughout the study.

2. *Thematic analysis:* In this second phase of analysis I focused on the identified domains. During this phase the domains were analyzed for the purpose of discovering the relationship among some domains the domains. For example, the domain Kinds of Problems Children Have was a large domain including many different types of disequilibria of

understanding and ability to act (surprise, fear, frustration, excitement, doubt, conflict, lack, want) associated with a variety of people (residents, peers, supervisors, researchers, nurse) and activities or events (assessing resident in and from program, making conversation, doing the structured tasks, illness, death of resident, friendship, dissolution of a friendship, formation of table groups, the individual meeting). Within each level or part of the domain were yet more terms of a less general level. Within the sub-domain of Making Conversation, for instance, were the problems of Starting a Conversation, Finding Silence, Understanding Resident's Speech, Following the Resident's Topic, Finding Things We Have in Common, and Stopping Conversation. By analyzing the domain Children's Problems, I eventually discovered how it was organized. Taxonomic analysis also aided the search for relationships among domains. For example, I was keenly interested in knowing whether some kinds of Children's Problems were related to Ways to Find Solutions, and if so, in what way. In this phase of analysis I attempted to fit together the parts of the situation (domains) already identified.

1. *Componential analysis*: This phase of analysis is a search for the attributes (components of meaning) associated with domains and terms within domains. If an object or event has meaning in the setting, it has certain characteristics regularly associated with it. For example, there were a number of attributes defining the kind of Problem Children Have, some common to several types of problems (Disappear from View, Related to Resident) and some peculiar to one type (Unactionable). Through the process of identifying attributes I attempted to determine how each domain was defined and how the terms within the

domains compared and contrasted with one another. While taxonomic analysis uncovers patterns of behavior based on similarity, conceptual analysis suggests patterns based on contrast. The "flexibility of one's position to another person," for instance, was a dimension of contrast that carried a great deal of information about the meaning of children's coping behaviors.

4. *Theme analysis:* In searching for cultural themes I looked for beliefs or principles that occurred in a number of domains and served to link those domains. Themes are systems of cultural meaning, tacit or explicit, that have a high degree of generality, thus integrating a multitude of foci of relationship among events into a qualitatively meaningful whole. I employed several strategies for making a theme analysis—described in the reconstruction program, intensive review of fieldnotes and videotapes, conceptual analysis of labels for domains, examination of all the identified dimensions of contrast, schematic diagramming of the program from the children's perspective, and review of pertinent literature of the social and health sciences. During this phase, all identified themes and their related domains were mapped in simple diagrams. Some themes, such as children's conceptions of old age and of life in a nursing home turned out to be minor aspects of the coping domain as a whole. Other themes had more explanatory power. One of these was the belief that relationships with elders are intrinsically good for children and for society as a whole. A closely related theme in children's perceptions of their work was "doing good" for elders. Of even greater generality were children's beliefs about what it means to be a friend.

To summarize, analysis was an ongoing process of examining, categorizing, analyzing, and synthesizing information. Data were systematically analyzed to identify categories of objects and events related to children's coping behavior, relationships among categories, new categories and relationships, and ultimately, thematic relationships between children's beliefs and behaviors and the program as a cultural whole. In addition to Spradley's model of analysis, Herz-Kronau's (1985) description of a method for identifying and understanding patterns of behavior was employed to examine the subtle features of social interaction captured on videotape. Herz-Kronau, a communication ethnographer, advised researchers to look for evidence of principles (tacit expectations) underlying behavior by (a) noting instances of participants' positive and negative reactions of one another's behavior, (b) examining instances where one participant in interaction explains or calls for another to explain why he or she did not perform some specific behavior, and (c) searching for contrasting sequences of events within comparable contexts (e.g., brief episodes of child-resistant interaction within one resocialization session, or a series of resocialization sessions). Throughout all phases of analysis questions emerged which served to direct subsequent observations.

Scientific Adequacy, Design and Strategies

In their recent review of issues surrounding the scientific status of field data, Kirk and Miller (1986) accepted for qualitative inquiry the well established view that "objectivity . . . is the essential basis of all good research" (p. 30). This concurs with my belief that in doing scientific research we are called upon simply to understand and

describe the facts before us. Kirk and Miller defined objectivity as "the simultaneous maximization of as much reliability and validity as possible" (p. 28). In facilitating assessment of the success of this study at achieving adequate reliability and validity, I have made a conscious attempt to clearly delineate the methodology employed.

Throughout this chapter, a detailed description of the research setting and the strategies used to collect, record, and analyze data has been provided. In addition, an "audit trail" (Saba, 1981, p. 47) was established whereby it is possible to demonstrate to interested parties the data (both type and range) used to support statements made in the study. Specifically, the audit trail ties interpretive statements to units of raw data coded by type, location, person, page, and line. This audit device makes it possible for an independent researcher ("external auditor") to examine the ethnographic record and judge not only the appropriateness of the methodology and analysis, but also the trustworthiness of the account presented in the next chapter. Two problems that received considerable mention in my daily journal were (a) reactive effects of the research on phenomena being observed and (b) researcher bias, distorting effects of selective perception and interpretation on the researcher's part. All research must face these issues; the problems are simply more visible in participant-observation studies. These issues will be addressed in the order presented.

The "natural setting" of qualitative research is often taken for granted. However, as a logical extension of the interactional theory of meaning that informs this study, it follows that the researcher's presence on the scene itself may influence ordinary participants to alter

their behavior from its natural state. Moreover, the extent of such obtrusiveness is always difficult to gauge, though children are generally less adept at masking their interests than are adults.

Over the course of the taping study, it was quite obvious that not only children but supervisors and, to a lesser extent, residents as well, were aware of the research presence and especially interested in the mechanical recording devices. In addition, other features of the research affected the children's behavior by interfering in their ordinary ways of maintaining the social order among themselves. One such problem was the contrived grouping of those children who were not natural "couscous"; another was the differential attention to the three children, made obvious by the imposed arrangement. Although the use of individual equipment and the spotlighting of the primary sample group allowed us to collect more accurate and detailed observations, the same procedures also unleashed various reaction tendencies in the participants in the setting.

The children's observable reactions took several forms: (a) avoiding and moving into or out of camera range, (b) playing to the camera and the tape recorder, (c) begging into and out of the "research group," (d) writing fieldnotes and "telling" researchers with information, and (e) initiating discussions of the research and proposing changes in the procedures. In general, my presence, by itself, elicited less distinctive changes in children's behavior than did the individual documentation, thus making its obtrusiveness more difficult to assess. Several steps were taken over the course of the research to determine, understand, and eliminate the problem of reactivity.

In doing field work I attempted to remain aware of the possible effects of my presence on the behavior of participants in the setting. One feature of the research which facilitated detection of such effects was the length of time spent in the setting. Observation began in early September and, with the exception of three 1-month interruptions, continued through the duration of the program. Two of the three time-out intervals were scheduled to occur around school holidays. This lengthy observation period enabled me to look for evidence of declining attention to my presence among the other participants. Although I cannot claim to have "faded into the background" or "become invisible," I distinctly felt that both the children and the supervisors became less suspect of my intentions and more secure about behaving as they would had I not been there. One indication of the children's ease was their increasing openness to discussing features of their experience that were difficult to share to other people. For example, during the fall questions concerning what it was like to work with this resident or that one continually yielded an underlying set of generalities, a sort of "party line" from the children. Common responses included "It's going okay," "He's a nice man," and "It just takes time." In the early spring, however, most children seemed almost eager to confide in someone about their personal ups and downs. The following excerpt typifies one kind of conversation with children that occurred during the latter half of the program:

Example: [To Kelly, who is waiting to board the van at the end of today's session.] A piece for your thoughts.
Kelly: (shrugs) Oh - It's kind of hard to say. (long pause)
 I'd Mr. Harvey. (pause) I - I don't really like him very much. He gives lessons. He - He talks at us all the time. I know I should be more giving. (glances up at researcher and

then down at the ground again) He got on my nerves so much today that I went to the bathroom and stayed there for a long time.

When asked if she knew whether other people had the same problem with Mr. Harvey, Sally responded, "I don't know. You can't say you don't like someone you're supposed to be helping. Can you?"

Another advantage of the length of time spent observing at the motivation sessions was that I could use my knowledge of the setting and of the children's typical ways of behaving to judge the naturalness of observed events. In the early days of the research, the children appeared to "entertain" us at the club meetings. At the meeting hour, however, they seemed to monitor their activities to display what they thought was the exemplary behavior that observers wanted to see. For the most part, these reactions were intermittent and short-lived; numerous other things in the social situation were also available to their attention. As the year progressed, the children's behavior seemed to be generally less affected by the research presence, and episodes reflecting observer effects were relatively easy to detect. For instance, an opportunity to entertain the researchers was taken by the three children in the primary study group at one of the March motivation sessions. The videotape captures the stability of their researcher-oriented action:

Julie spells out three letters and I unwittingly say the letters out loud to myself ("V-I-W") as I write. Julie giggles and asks how what I said? I respond: V-I-W like laughs again and with great excitement explains to Sally and Lisa: I go V-I-W and she thought I said V-I-W. All three laugh and then conduct a sequential "conversation" in letters of the alphabet. I try not to encourage them by showing my own interest in their performance, but eventually this resistance, the children, and I all have a good laugh together. The episode ends quickly when Mr. Francis arrives at the table to explain the day's art project - ink art.

Another check on observer effects was made by interviewing Ms. Francis concerning her observations of effects of the research on the children's behavior. During October, Ms. Francis thought that the children were "usually hyper" about the presence of research, exhibiting their reactions to the camera and tape recorder and to the numbers of observers (4) at the restorative sessions. Later in the year, she volunteered that the children seemed "less bothered" by the mechanical recording devices and that she herself felt more relaxed in the presence of the camera and several observers. Regarding the researcher's presence, she commented:

I think their interest in your retaking scenes and scenes. I can identify with that. I like to see what's going down once in awhile too. But I honestly don't think it bothers them. They really like you. I think they're very relaxed when you're around. Oh they enjoy getting you going once in awhile, but I don't think their ordinary behavior changes at all between the times you're here and not here. They do that with us [teachers] too. I can sure tell you we miss you when you're not here. That's how familiar you've become. Last week, Amy asked, "When's Maggie coming back?" When I said, "Next week." Tim said, "Good. That corner [in the classroom] won't look so empty."

To identify observer effects I also compared children's and supervisor's behavior in different situations. Wilson (1977) suggested that the researcher compare the following:

- a) what a subject says in response to a question; b) what he says to other people; c) what he says in various situations; d) what he says in various places; e) what he actually does; f) various nonverbal signals about the matter (for example, body gestures); and g) what those who are significant to the person feel, say, and do about the matter. (pp. 254-257)

This comparative procedure was utilized specifically to ascertain the degree to which observed events were influenced by the presence of multi-video-tape-recording at the restorative sessions. In addition to using diverse types of data collected during the intervals of

videotaping. I also compared these data to fieldnotes collected on the activities of the three children in the primary study group at other sessions. To conduct such a comparison, I "followed" the three children to their natural groups after the fall and winter videotape sessions. (Each of the three children joined a different group, and in doing so, appeared to return to "friends" or classmates.) A set of detailed observations was made on each child's activities in November and again in late February. Although the consistency in each child's behavioral style across videotape and fieldnote data was striking, differences in level of attractiveness to the resident and number of "trips" away from the table were also noted and used in the analysis. Much greater variation in the supervisors' behaviors was detected using comparisons of data collected during and after the sessions of videotaping. Not surprising, their interactions with children and residents were more frequent and easy-going when videotaping was not being conducted than they were with the primary study group during the tape recording sessions.

Several steps taken to reduce the obviousness of research were planned into the provisional designs of the team project and ongoing research. Other strategies were developed in response to the ongoing situation. To reduce the visibility of the camera and tape-recorders, the number and manipulation of such devices were kept to a minimum. By remaining on the sidelines of club meeting activity, yet allowing the participants to pull me into that activity from time to time, I became a familiar and benign part of the context. As the reconstruction sessions, I regulated my involvement in ongoing processes in order to attain access to events without getting in the way of their natural evolution.

Only was recognized in the behavior of children and supervisors, and periodic discussion of research methods with both groups, I fashioned a role that seemed to blend in with program life and suit the purposes of the research. I took a deliberately "reactive" approach to interaction with children, thereby attempting to breach the normative authority structure of adult-child relations. This required the children and me to develop a relationship that was better tailored to the peculiar circumstances of my brief involvement in one another's lives.

Aware of the implications of interaction theory for the validity of interview data, I strived to minimize formality and make the discussions with children, parents, and teachers as comfortable and conversational as possible. Interview data supplemented observation data, and informal interviewing while program events were going on was undertaken whenever feasible and appropriate. In addition to interviewing individuals separately, I conducted several "group" interviews with three or more children at a time. Focus group interviews (Korgan & Spoth, 1984) "bring together several participants to discuss a topic of mutual interest to themselves and the researcher" (p. 101). These group interviews offered the chance to observe children engaging in interaction that was concentrated on attitudes and experiences that were of interest to me. One example of the group interview method employed in this study was the videotape review conducted with three children at a time. In these discussions, the effect of the child-researcher contact was visibly weakened by the peer context, yielding data which could then be compared to data collected using other methods.

Lastly, to enhance the quality of interview data, I tried out several strategies to create conditions conducive to reflection and make

various use of the reporting abilities of the interviewees, especially the children. Although ethnographic observation took precedence over interviewing in this study, the meanings assigned to the situation by the children could not be taken as unequivocally apparent in their behavior. Because of my reliance on their descriptions and explanations, then, I attempted to facilitate children's insightfulness, their astuteness, and their openness by employing a variety of interviewing techniques. Such strategies included adopting words and phrases used by the interviewees; interviewing by consent ("The nurse seems to talk a lot."); as well as by question (Howe, Barker, & Kyrle, 1961); probing for interviewees' ideas about the consequences of events; verifying information ("Earlier, you said that first happened before Christmas?"); and validating inferences ("Mr. Jilly is your 'real guy'?") and interpretations ("Does this sound right?").

Impact. Several steps were taken to determine and minimize the effects of research on the natural behavior of program participants. I spent 36 hours in the program setting; I established a role that blended in with program life; I compared data collected from various sources; I attempted to reduce the visibility of mechanical recording devices; I varied my interviewing strategies; and I interviewed one of the program supervisors to get her impressions of research effects on program events. These and other efforts to minimize reactivity were also directed toward understanding the problem. Such understandings were then employed not only to reduce threats to natural validity, but to advance theoretical validity as well.

Earlier in this chapter it was reported that a method of reflective discussion was utilized to reach consensus between the children and the

researchers concerning the conditions under which both parties would pursue their particular aims. One result of these discussions was modification of procedures which had set the primary study group children apart from their peers. Friends of the three children were allowed to join them during the final series of six videotape sessions, and Sally's request to have the final day on shore the last during the program was granted. With these changes the children's resistance to the research procedures declined, thus improving the conditions of openness so fundamental to qualitative inquiry.

Another result of these discussions was the discovery of meanings children assigned to the research. Membership in the primary study group, we learned, was perceived as a status symbol. But privileged access to such a group was not without its problems. It interfered with friendship processes and separated children from their natural and more reliable support groups (self-selected subgroups). Knowing that children perceived both risks and gains in being involved in the research facilitated our understanding of their ambivalent attitudes and varying attitude reactions to various research procedures. It also shed light on some of the intricacies of peer-group relations which were operating within the context of the social reconstruction program. These understandings were used in the analysis and in the search for cultural themes.

Whereas the first issue, reactivity, concerns the effects of the researcher on her subject-matter, the second, researcher bias, concerns the effects of the subject-matter on the researcher. As Wilson (1977) pointed out, "We are, of course, entering a situation a true tabula rasa . . . previous experiences influence the scientist's observation

and thought" (p. 158). Observations are "selected and filtered as well as interpreted and evaluated" (Silverstein & Silverstein, 1989, p. 90) by the researcher who enters the research site with opinions, prejudices, and assumptions.

The sources of potential bias in the typical participant-observation research situation are numerous and have been addressed at length in the literature in philosophy (Kaplan, 1964), anthropology (Lee, 1971), and sociology (Silverstein & Silverstein, 1989). Beyond the problem of ethnocentrism, taking a particularistic view of the world into the field and thus filtering data through this value frame, three other potential sources of bias are worthy of attention here:

1. "going native" or becoming co-opted into the activities and value-frame of the respondents, such that the researcher loses the ability to objectively observe, record, and analyze;

2. inappropriate or limited sampling of respondents, events, etc. to generate data that is biased in favor of one kind of source (articulate, well-informed, easy to contact), and against another kind of source (difficult to find, less articulate);

3. observing and interpreting data in ways to confirm hypotheses taken into the field, as well as ignoring disconfirming data.

Being continually aware of the issues of researcher bias was a basic requirement for eliminating such potentially biasing effects in this study. Several elements of the study design addressed the problem as well.

Two features of the research which helped to transcend bias were the study's length and the methods of data collection. As Rick and Miller (1986) pointed out, the qualitative researcher arrives at the

setting with considerable theoretical baggage but very little idea of what will happen next.

Face-to-face, routine contact with people continues throughout the period of fieldwork, and unless the fieldworker is unusually nervous or complacent, his or her emerging hypotheses are continuously tested . . . in territory controlled by the investigatees rather than the investigator. (p. 30-31)

Because of these multiple exposures of differing kinds to the problem area, field research is unusually sensitive to discrepancies between the readings presumed by investigators and those understood by the ordinary participants in the setting being studied. In addition to recording detailed, concrete, verbatim accounts of observed behavior over a long period of time, I carefully tracked my personal experiences in the field. Although the physical setting and the people were new to me, I had worked for many years in the health care field with people of the same ages as those in the research setting. Intuitive and reflective reactions quickly came to mind. Recording these subjective responses served to remind me of my prejudices and their possible impact on the data collected. The process of confronting personal biases is a main method of blunting their distorting effects.

Through the use of diverse data collection techniques and sources of data, I was able to explore children's coping behavior from many "angles of vision" captured under a variety of circumstances. In examining these data, I systematically sought to understand events from the different perspectives of children, supervisors, residents, and outsiders such as myself. The "hermeneutic in points of view" (Milazzo, 1977, p. 158) discovered by viewing events simultaneously from these various perspectives served to keep me from lapsing into subjectivity. Additionally, from the bank of diverse "visions of data," convergent data

were carefully coded and cross-referenced to verify a fact or an interpretation. Here, then, one source of data was required to support an interpretation.

An analytical rule used in accepting interpretive statements was that each statement withstand the data examination test, that is, all data had to support the statement; disconfirming data could not be ignored. Consequently, I employed theoretical sampling procedures in order to submit preliminary interpretations to a rigorous test and to eliminate biases arising from inappropriate or limited sampling of participants and events. Through the use of intensive and extensive sampling of children and events I attempted to cover the action range of the coping experience in the program setting, thereby generating categories that were as full of children's meanings as possible.

Lastly, I presented open both the children and the research team to check the validity of my record and my interpretations of the data. Frequent "member checks" were made with the children over the course of the study to tie perception as well as interpretation of data to children, thus attempting to reach maximum confirmation of the group's meanings. Such checks were undertaken at the end of each interview, during the videotape review, and upon reading the children's gratulation entries in the field notebook.

Research team meetings provided opportunities for me to use colleagues for "expert" checks. Frequently, I submitted summaries and preliminary interpretations of interview data to the rest of the team's response. Such talking is a useful way to order data and gain additional insight. Expert data and questioned interpretations then served

to guide further observation and analysis. Finally, regular discussion of jointly observed progress events served to "harvest" or minimize the potential biases of any single member of the research team. Other expert checks on researcher bias were periodically sought for the interview sessions as such.

An outside observer was recruited to attend the first set of interviews with children in the primary study group and later, a series of interviews conducted with four senior volunteers. The final set of observed interview sessions was arranged for the summer videotape system. In reporting their observations concerning the dynamics of the interview sessions, observers also shared their insights into the children's behavior. For example, following interviews with the senior volunteers, the observer discussed the contrast he perceived between one child and the other three on the specificity and conviction with which they spoke about their accomplishments:

At first I thought, "she [the youngest child] doesn't feel that she is getting anywhere yet." Then again, maybe she is just more careful, you know, about drawing conclusions? But look at how she hedges every time you ask her for her ideas - something more than description of facts. She stuffs me as a child who is generally not at all sure of herself yet. Or, maybe she's just wary of you, suspicious of interviewers.

My observations of hesitation and avoidance in the child's behavior during the interview were confirmed by the observer's perception of "hedging." More importantly, through that discussion I acquired a range of ideas, possible meanings of the child's behavior which I was able to test in subsequent observations and interviews.

In summary, the trustworthiness and comprehensiveness of the data were continually on my mind. Attempts to approach total objectivity,

the extent of the research effort at achieving objectivity are separately evaluated in terms of the problem of validity and the problem of reliability.

CHAPTER I RESULTS AND DISCUSSION

The purpose of this study was to investigate the nature of children's coping behavior within the context of a social reconstruction program. The inquiry proceeded from an ethnographic perspective in which it is assumed that human behavior is shaped in context and that contexts are experienced, or "lived" as whole. That is, behavior arises and takes shape in situations, in the complex interplay between the meanings individuals ascribe to their own situations and specific characteristics of the settings in which they act. Ethnographic theory further posits that members of a social group come to share meanings through interacting with each other in the various contexts of daily life. The search for patterns in social behavior assumes, then, that the individuals under study are socialized and that they consciously share a culture. Further, they draw upon and use this shared knowledge to organize their experience--their thinking, feeling, and acting--to the situation before them. For an ethnographer, social-cultural patterns of experience in the group being studied are matters of primary interest, not the quantification of human events. Accordingly, the first objective of this research was to describe patterns of thought and action that captured as nearly and as completely as possible the coping experiences of a group of 12 middle schoolers who took part in a reconstruction therapy program. Another objective was to identify

specific contextual factors that appeared most closely related to the children's coping behavior.

Children's coping experiences were examined through a qualitative, analytic-observational (ethnographic) research design. The research method was situation-responsive and cyclical in nature. That is, the study proceeded developmentally through repeated sequences of questioning, collecting data, and analyzing data, each sequence building on the previous one. Several techniques of participant observation were utilized to collect data, including individual documentation, in-the-field observation, and ethnographic interviewing. Throughout the study, attention was paid to children's behaviors as integral strategies of interaction, how children perceived these events, their beliefs regarding the purpose of the program and their role in it, and features of the environment that appeared most closely related to children's ways of coming to terms with the problems they experienced. To achieve the depth of analysis required for ethnographic understanding, the beliefs and behaviors of three children who were new to the program were intensively sampled. This primary sample group was a convenience sample in the sense that the three children were paired with three residents who had already agreed to participate in a study of the program that was also getting underway. A process of theoretical sampling of the remaining nine children was employed during the entire research process to insure that all relevant child variables were represented and to assure that study findings were generalizable to the entire group.

Data analysis followed procedures set out by Spradley (1980). Ferr-Fleming's (1985) methods of establishing concomitance relationships among events (patterns of belief and behavior) were also utilized to

facilitate the search for cultural themes children used to organize their program activities and generate ways of coping with their problems. All fieldnotes and interview data were examined and coded into cultural domains. Domains were reviewed regularly, and recorded data needed. A process of continually comparing each domain to all others further refined domains relevant to the coping focus of the study. Domains were gradually organized into categories of increasing size and inclusiveness. For example, the early domains of Making His Things, Making Hugs, Offering Help, and Being His were subsumed in the category Pleasing My Brother. Other domains labeled Just Talking, Seeing His Life, and Being Things With His were incorporated into the category Getting to Know His. After further analysis, it was found that Pleasing My Brother, Getting to Know His, and another domain I called liking His were part of a larger category, Starting a Friendship. Similarly, it became clear that Starting a Friendship was related to other processes I labeled Keeping Friendship Going and Going through the Motion. Together these three categories were phases of a process I called Doing Friendship Work.

Comparison of the category Doing Friendship Work with these other large categories, Attributes of Friends, Children's Problems, and Children's Goals revealed that friendship was the children's method of coping with the problematic situation of doing good for others. With this insight that children's coping generally took the form of friendship strategies, a number of well-developed but poorly integrated coping domains such as Crying, Whining, Hiding, Requesting Help, and Shifting Goals, and several domains of peer interaction such as Being Fun, Helping Each Other, and Just Socializing fitted into the process of

Choosing and coping with Friendship Week so easily that they seemed almost to fall into place.

The method of comparative analysis was utilized at every level of coding and categorizing to expand or "tease out" categories and identify relationships between categories. Theoretical sampling was an important part of the comparative process. Sampling decisions were made theoretically during each cycle of collecting, coding, and analyzing data. That is, questions arising from the analysis established direction for further sampling of children's behavior. For example, I compared actions and attitudes of children of different ages, the one boy with girls his age, children who had no prior experience in the program with children who returned to their partners of the previous year, children who had a best friend in the program with children who did not have any special relationship with another peer participant, children who worked with residents suffering different kinds of community problems, children who worked with residents who were visibly depressed with children whose partners were cheerful, children who had regular caretaking responsibilities in the family or neighborhood with children who had no such responsibilities, children described by parents and teachers as generally "poised" and "easy" in social situations with children described as "shy" or "timid," and children described by teachers as "leaders," "peers," or "followers," with children described as "helpers," "responsible," or "cooperative." In short, any child might have been a source of relevant data. Subsamples are determined by the requirements for generating, refining, revising, and returning categories relevant to the coping study. A category was saturated when data analysis revealed no new information on that category.

The process of theoretical sampling to insure representativeness of child variables dovetailed with sampling procedures employed to assure the generalizability of study findings from the primary sample group to the entire group. Participant observation produces voluminous data. Because I was not sure that I could manage the systematic, rigorous process of ethnographic analysis and synthesis across data collected on all children, I focused on a group of 3 children to identify patterns of behavior, or relationships among events, of increasing size and comprehensiveness. Three times during the year, these three children and their partners were asked to sit together for a period of 3 weeks to facilitate mutual social documentation of their work together. Eighteen sessions of videotaping that centered on the group were conducted: six in October, at the start of the program; six in January, in the middle of the program; and six in late March and early April, near the end of the program. During these sessions I focused my field observation and infused interesting activities on the scene these children. This procedure of primary, or intensive, sampling was employed to produce the kind of data required for the depth of analysis necessary in ethnographic understanding. However, all children were systematically observed and formally interviewed at the beginning and at the end of the program, briefly observed and informally interviewed during the course of the year, and 50 were included in the videotape review after the program ended.

Data gathered on the nine children not in the primary sample group allowed me to determine if the patterns of behavior observed in the primary sample group were also present in other children. Thus, as patterns of behavior were identified, data from both groups were

compared. Where pattern similarities were found, evidence for generalizability beyond the primary sample group existed. When differences were identified, further observations were made and analysis conducted to isolate, verify, and explain the pattern differences. For example, initial analysis of primary sample group data revealed an intermittent pattern of child-elder interaction during the reminiscence sessions. The pattern involved brief interchanges with the resident alternating with longer interactions with peers. Similarly, beliefs expressed by the three children about the nature of friendship fell into several domains which, ultimately, were organized into two large categories, Friendship Values: You Feed Better and Friendship Involves Liking. In both cases, the intermittent style of child-elder interaction and the patterns of belief regarding friendship, no differences were found when data from the primary sample group were compared with data gathered on other children.

On the other hand, the domain of coping behavior initially found in the primary sample group did not include hiding behaviors that were observed in these other children who regularly sat together. Further observations of these three children verified this pattern difference and the Coping category was modified to accommodate the hiding domain. At the time, the variation in hiding from the scene of action appeared to be related to the research rather than to the quality of children's relationships with their elderly partners. The primary sample group were conscious of their identity as "the research group" and, although they employed a variety of subtle strategies of shielding themselves from the camera, they felt "pressured," they said, to stay with their partners. Later, however, several forms of hiding behavior were

chosen is one of the three primary sample children who found her relationship with her new partner very unpleasant. Again, this process of sampling theoretically to determine generalizability of findings to the entire group was a part of the interactive method of data collection and analysis throughout the study process. The ultimate test of validity of the study findings was the ability of children, within and outside the primary sample group, to live the program experience through the descriptions reported to them. Thus, the interpretation of the meaning of the group's behavior was the children's privilege, whereas the role of explanation of the meaning of behavior was mine.

In this chapter, the major cultural themes that children used to explain their experience are described. These descriptions are followed by an account of the problems children experienced in their work with before sisters and the methods children used to cope with their problems. The chapter closes with a description of some of the features of the social environment that appeared to be closely related to children's coping behavior.

Using Ideals and Opportunities

The middle schoolers who volunteered to take part in the motivation therapy program were recruited at an assembly during the first week of school. At that meeting, the school counselor spoke about social isolation and routine in the lives of disabled young men and women and extolled the virtues of showing concern for others. The students viewed a film documenting a program that was carried out by children like themselves. This program focused on social stimulation of institutionalized sisters through carefully planned activities that followed the steps of motivation therapy (see pp. 30-35). At the

close of the presentation, the students were given a description of a similar program at a nearby nursing home and asked to talk it over at home. They were also informed that becoming a "therapist" entailed a year-long commitment and required parental consent.

Fifteen students, aged 10-1/2 to 13-3/2, signed up for the program. Six had participated the previous year. Four of the 6 (Joy, Lynn, Diana, and Megan) were Grade 5 students who were also friends. Joy, Lynn, and Megan returned to work with their partners of the previous year, Mr. Rank, Mr. Truford, and Mr. Lopez, respectively. Diana was assigned to a new partner, Mr. Wallace. During the year, the four girls always sat together at the recreation sessions, rarely mingling with the younger children who referred to them as the "seniors." Two other returning students, Elaine and Tim, were in Grade 7, but they appeared to have little else in common other than the positive relationships they had formed with their respective partners, Mr. Stevens and Mr. Aguirre.

Eight of the 9 new volunteers were in Grade 6. Some of these children were also friends. Compared to relations among the four seniors, however, their friendships seemed fragile, requiring constant attention and renegotiation. When left to choose their own seating arrangements, Julie, Sherry, and Melinda, accompanied by their partners, Mr. Lawton, Mr. Roland, and Mr. Bower, generally sat together. After Mr. Bower's discharge home to his family, Melinda was paired with Mrs. Bower, an outgoing woman who put the children at ease and was greatly liked by all of them. Kelly (with Mr. Kelly), Jennifer (with Mr. Jones), Karen (with Mr. Andrea), and Nancy (with Mr. Burton) often sat together. Relations among these four young "friends" seemed tenuous, undergoing several shifts over the course of the program. Kelly's

partner, Mr. Jolly, died in mid-February. Kelly referred to him as her "buddy" and, although she seemed relatively unmoved by his death, she missed him after she was paired with Mr. Harvey, whom she did not like. Another sixth-grade student, Suzanne, was paired with Mr. Field. Lisa, who was in Grade 7, was assigned to Mr. Pepper. Like Deborah and Tina, neither Suzanne nor Lisa was a close friend of any particular child in the program. These four "triple" children often sat together; they also mingled freely with their age-mates.

Julia, Lisa, and Kelly worked with the three gentlemen who had agreed to be videotaped for research purposes: Mr. London, Mr. Pepper, and Mr. Jolly (later, Mr. Harvey). When the 3-week intervals of videotaping were in progress the three girls sat together to become the primary research sample group along with their partners. Although the three seemed to get along fairly well, they were not natural friends, and they returned to their preferred behavior as soon as each session of videotaping was completed.

As mentioned in the previous chapter, the behaviors of three other children were not included in the analysis because of the problem of conflict of interest. Two were members of the senior friendship group; the third was a sixth-grader who was new to the program. The account of children's coping provided here is based on the experiences and perceptions of 12 children.

An analysis of the meanings the 12 children gave to their situations was essential to understanding the problems they experienced and the coping behaviors they acquired and used. Years ago, Thomas (1938) articulated a valuable sociological insight when he said, "If people define a situation as real, it is real in the consequences"

(p. 384). More recently, this theme has emerged in the theoretical formulations of many stress researchers (Holman, 1984; Thompson, 1981; Wortman & Beebe, 1975). As an example, Holman (1984) proposed that "It is necessary to know the significance or meaning of the event to the individual in order to understand how beliefs about personal control affect stress" (p. 380). The purpose of the next section is to identify the motives that brought children to the program and appeared to influence how children defined their role.

The students began the experience believing that they were "doing good" for others. They saw themselves as agents of happiness, responsible for bringing smiles, and laughter, and playful activity into the lives of a group of residents of the nursing home. For example, as written about her grandson was one child that she immediately took the notebook from my hand and drew a large happy face by way of answering the question, "How is this program different from the grandparent program [you attended as a Grade 2 student]?" "It's the same thing," she said, "except here there's this one person you're supposed to make really, really happy." Other children expressed similar intentions when asked why the motivation program had been established:

We're trying to make them feel better about themselves and about why they're there.

They get down on themselves and they're getting old and can't do things so well. It's so they won't feel so left out.

Wanted--I don't know if that's the word. Yeah. It's to show them that we care so they'll feel wanted inside themselves.

To brighten up their life, because it is kind of depressing. We're just trying to live up the day, like then feel happier.

We're going to help them get their mind off their troubles. When they're lonely they start thinking on things too much. That makes them sick. Besides they don't get active enough.

be somebody's job to be nice to them, and help them, and do fun things with them so they'll feel much better. The nurses are nice too, but they're busy with all those medical things.

Prior to meeting their elderly partners, all children studied this "lefty idealism" (Giles, 1986, p. 194) typical of young adolescents. Even those who returned to the program knowing that generosity has its frustrations tended to gloss over the problems they had experienced. For example, when younger children asked questions revealing their worries about how the residents would respond to them, the older girls typically advised them to "just keep going. It'll turn out okay." As the day of the first orientation session drew near, several children began a "lullaby" at the planning meetings, focusing their worried sentiment on the initial visit with the residents. The new volunteers were especially curious about the identity of their assigned partners and eager to begin their individual happiness projects. A measure of these interests is captured in this excerpt from fieldnotes taken the day the countdown started:

Sherry looked up from her work on the questions she was preparing for her first visit with her resident. She stared at me for several long seconds. Then, blinking deeply, she asked, "How are we going to ever meet our pair?" Immediately, several other children asked her complaint, "Yeah! How come it takes so long?" Mr. Reid laughed and answered, "That's what. That's trouble." Sherry puffed her cheeks and blew out softly, "It's been a while now. Can't you even tell me mine's name?" I shrugged and apologized, "Sorry." Looking down at her page of questions, she muttered, "I sure hope he's nice. This is for the whole year."

Through an appealing motive and desire to express their view about the importance of their work, children also revealed that they were as keenly interested in opportunities to assist themselves and enjoy the satisfactions to be found in helping others as they were full of noble intentions. In fact, when answering the question about the

purpose of the program, the four "experienced" children spoke at length about opportunities for personal growth and satisfaction. The following excerpts from interviews are typical:

It's to make us clear, you know, more considerate of other people . . . and not so selfish.

I think it'll make us more patient. Cos I might get a guy who's deaf and I can't get frustrated when he doesn't understand what I'm sayin'.

So's we'll see that they are persons just like everybody else, and they can get their feelings hurt when people don't act nice to them.

You feel better about yourself when you are more giving.

That, it has two purposes. One is to bring young ladies into the nursing home, and another one is to bring young kids in and let them get used to the hospital and show them that the people in there are still capable of doing a lot of things like showing their love and attention and all those. You know, when you see people that can't see anything, or they're crippled in some way, you can't really talk. It makes me feel kind of strange around them, so I'm afraid to talk to them. It's great to see yourself getting over that and learning new things about them every day.

Um-hm. It's really for the guys, but it's for us kids too. Like already I feel a bit more grown up just because I'm helping somebody else, you know, not just thinking of myself all the time. Not that I always do that, but now, we volunteered to do this, nobody's making us do it. So it's something our doing on our own. And that makes you feel good.

The self-esteem components of children's motivation for taking part in the program seemed closely related to desires to demonstrate to themselves and others that they were "growing up." The program offered children an opportunity to build on past successes ("I like helping people."), learn more about themselves ("I was scared I wouldn't be able to communicate with this old person that I didn't know.") and a new setting ("I've never been to a nursing home before."), "make new friends," and demonstrate that they could "make a worthwhile

contributions." One child summarized her developmental aspirations especially well when she said of the program, "It's a chance to take care of yourself."

Clearly, then, the children's reasons for joining the program were not wholly altruistic. They experienced a number of social and self-advancement motives that fueled the ideal of benevolence. Yet when asked what the role of "therapist" entailed, the children seemed uncertain. For example, one of the older girls said she had thought being a therapist meant "he were going to be sort of like their doctors, but we didn't do that last year." One new child ventured the guess, "Maybe we got them to do their exercises and help them go all around; stuff like that." Other children readily shrugged. But no one was lost for an idea. To deal with the ambiguous situation before them, they used their beliefs about friendship to define their role. That is, when faced with the responsibility they had assumed, the children had to act, and they chose friendship as their way of ensuring the goals they set for their elderly partners and themselves. A basic assumption underlying their choice was that acts of friendship can induce happy feelings in a lonely person. Another friendship belief that became increasingly important over the course of the program was the expectation of affection or "liking" between friends.

Children's Beliefs About Friendship

Friendship Means You Feel Good . . . "His feelings have changed."

The children described life in a nursing home as "Lonely" and "boring." The residents were unhappy, they said, because they lived apart from their families and had no "real" friends in the institution. So "being friends with them," as most children put it, was a good way to

make nursing home residents "feel better." Lisa, 11 years, explained:

See it's nice there 'n everything but it's the same old boring things, day after day. And the people there get lonely because they can't be with their family, and their friends don't get to see them, not very much anyway. Some of the guys don't even have real friends they can talk to. So we go there to make friends with them; to make them happy. [She pauses.] It doesn't show up!

Lisa was participating in a role-play activity during one November planning meeting. Five children each took the role of a middle school student who visited information about the program. Six children played themselves, responding to their classmates' queries. Lisa was the first to answer the question, "What's the [Nursing] Home Program for?" Other children added in turn:

See my guy's wife can only come and see him every other Wednesday and he misses her a lot. He misses her more than he sees his wife! So I fill in the space so he won't feel so bad.

They told us we would be their therapists, but my guy's more a friend than a task. See he has these five kinds of 'activities and he's always hurting'. The program helps get his mind off his problems for a little while. Then they see that we are going to stay with them and be their friends and then makes them feel good.

It's to let us get to know them, like, be their friends? You show them fellowship so they won't be so lonely; and we just try to make them happy when we visit 'cos a day can be real long when you're sitting around doing the same old boring things.

When they entered the program, children spoke with confidence about their intentions to make the residents happy. Their perceptions of nursing home life inspired feelings of compassion for the residents and the desire to help. They found direction for these generous feelings in their beliefs about the healing potential of friendship--the ability of friends to ease the psychological hurts of social isolation and nursing-home routine. Furthermore, the children were generally optimistic about

their chance to become friends with the nursing home residents. They expected to enjoy visiting the elderly and do well at making them happy.

Such expectations were answered by asking, "How did you become interested in the program?" and "What are you hoping to do?" From these two lines of inquiry emerged a noticeably consistent picture of children's attitudes about close contact with "old people." None in the following responses the awareness with which mature children associated personal enjoyment and satisfaction with friendly interaction with the elderly:

It's fun to make friends with elderly people.

I'll have somebody to tell things to.

I like working with old people. It's fun to do things and make things for them. It makes you feel good.

I did it last year and I want to be with him in a regular basis. I think I'm helping him and that makes me feel good.

It's not very often you get to do things with someone else. You know, just do nice things together, really together.

I like to make new friends and there's lots of people there to make friends with.

I like to help older people and I like to just be with them. It makes me feel good to make someone else feel good.

To explore the meaning of these positive attitudes I asked each child to tell me about a previous experience that was most like the one he or she envisioned for the program. Three children described a special relationship with a grandparent. A fourth child longingly profiled the grandparent she wanted but did not have in her "real" grandmother. Other children told anecdotes of pleasant interactions they had had with elderly acquaintances or relatives. Two children also described an occasion during which they "helped" parents care for an ailing grandparent or friend. In short, different children had acquired

similar activities about interaction with the elderly through past experiences that were superficially quite different. However, all situations described by the children shared two important characteristics. The elder shared the child's definition of what it means to do something "together," and the elder recognized qualities in the child ("helpful," "fun to be with") that the child wanted to display.

Taking a more provocative approach, I also asked whether a program conducted by children offered anything different from one that involved only adult visitors or animal pets. Again there emerged a high level of agreement among children, in this case concerning their distinctive competence at friendly interactions that make people feel better. The following responses are typical:

- (Pete) Pete! You mean dogs and cats, birds, things like that? Gee. Children are a lot more company! I mean, children can listen to their problems. Well a dog can listen too, I guess, but he wouldn't understand what the person was saying.
- (Abbie) Children can play some games with them, not just Bingo and Trivia. Children are more fun 'cause they know more fun things to do. That's a good way to cheer them up. And children have young hearts.
- (Pete) Animals would be nice too. I talk to my dog sometimes. I tell him things, but it's not the same as talking to a friend, like really talking. Blackie (her dog) and I sit out there (outdoors) and I just look at the sky and talk him what it looks like - you know, the design in the clouds "a star"? But he can't say, "Yeah, it looks like that to me too." A person could though. See children are better 'cause they can understand, and they know how you feel.

(Abbie) There's lots of people coming and talking to them, but talking doesn't always make you feel better. Children are more fun because they know how to do lots of things and they have lots of energy.

(Abbie) Children have more time. They're got always thinking of these million other things. When you're feeling kind of lonely you don't want to have to practically make an appointment to get someone to talk to or just be with you.

These children saw themselves as especially well suited for the kind of social interaction that lifts spirits and dispels loneliness and boredom. No doubt their competency beliefs influenced the very choice of friendship itself. If the belief that others of friendship can transform unhappy states into happier ones just children the direction they required, then believing themselves to be good at friendship enabled them to envision their goals in terms of double activity. This suggests that children perceived friendship not merely as a matter of doing good, but, more important, as a way of doing well at doing good.

Friendship Involves Liking. "There's friends and there's real friends."

As the year progressed, it became increasingly clear that children were more keenly interested in the emotional rather than the functional quality of the relationships they developed with their elderly partners. Although most youngsters expressed this interest in terms of concern about the resident's feelings for them, a few revealed the opposite position. They felt no substantial affection for their partner, even disliked him at times, and worried that these negative feelings meant they were not "good" persons. Underlying these concerns was the belief held by all children that friends share feelings of "liking" or affection for one another. Since affection is a primary motive in friendship among children of this age (Cusco, 1986), perhaps it should be no surprise that their actual helping efforts and show of concern for others revealed short shrift in their thinking.

As several authors (Bell, 1981; Elm, 1980; Cusco, 1977; Paine, 1984; Tomlin, 1988) have noted, the belief that friendship is an affection-based relationship is not unique to children. In modern Western societies friendship is viewed as a voluntary, private, and

mutually satisfying relationship between individuals who like each other personally. One cannot be forced to be a friend. Nor does one "use" a friend for some private end (Paine, 1984, pp. 18-19). The children's behaviors in a variety of program contexts reflected these beliefs. For example, children often resisted a supervisor's suggestion for an activity or particular kind of friendship initiation that, in their view, was "taken" or inappropriate. They also complained about practices that implied the use of a friendship relation for ends other than friendship itself. A few examples taken from field notes follow from one of the children's planning sessions:

[The children are trying to come up with an activity for their next visit.]

Teacher: What about what you've been doing in Mrs. Field's class?

(Children glance at one another.)

Teacher: Well?

Ann: You mean the making compliments?

Teacher: Yes. How does that go?

Ann: Each person gets a card with somebody else's name on it and you have to write five compliments about that person, then we go round and each person stands on the table and reads their compliments.

Salie: We can't stand on the table at the morning home.

Teacher: You don't have to do it that way. What other ways can you do it?

(Children. Furious glances between children.)

Teacher: That's the matter with you guys. You don't want to get up in front of the whole group, then do it in your small groups. What don't you like?

Suzanne: (quietly) It's false.

Teacher: (She is annoyed.) You mean to say it's false to say nice things about somebody?

Suzanne: No, I didn't mean that. It's just that you don't do it that way. It makes you say things you don't mean.

Myr: We don't know the other guys well enough. It's sort of awkward.

Teacher: Then do it for your own guy.

From a conversation visiting session at the morning home

[Supervisor approaches table at which four children and their partners are seated. Children are talking "school," partners are talking at the moment.]

Supervisor: My aren't you people talking in your group? (He walks on to next table group.)

(They glance at her partner, Mr. Lane, and he grins as suggested grin. Lynn shifts in her chair and looks toward her partner, Mr. Trudeau.)

Lynn: You okay, Mr. Trudeau?

Mr. Trudeau: Finish your story (the "school" talk).

Lynn to Lynn: I don't like it when they do that. They kind of act like "Well you have to think of something because he's just sitting there." I don't want to say, "You see your weekend?" I feel kind of funny saying it because he's not really doing anything special.

Oliver: Well talk, my dear. You have to learn to make small talk.

Lynn: That's real hard for me.

Oliver: It's more important at the beginning when you're trying to get to know your guy. But it gets phoney if you keep doing it. I want to have to talk but

Mr. Lane: Tommy halfway.

(The girls laugh.)

From an interview visit with Julie's family:

(Three weeks before the interview, Julie's partner, Mr. London, fell in the bathroom and broke his hip. He had been working hard to convince the staff that he was fit for discharge and was now deeply discouraged by this setback.)

Mother: She doesn't like it when they tell him he has to go to the program on her account.

Interviewer: I don't understand.

Mother: Julie? You can explain it better.

Julie: Well, I was going up to see him, you know, just to say hello and see how he was.

Father: And you heard him hollering as soon as you got off the elevator.

Julie: Yeah. It was awful, almost like he was crying. He said, "The pain is too much. Let me be."

Mother: She said she didn't go into the room.

Julie: Yeah. They were saying, "Come on Mr. London, your little pal is waiting for you." He begged them not to make him get up and he was screaming in pain. But they just kept sayin', "Your pal has to be able to be with."

Father: I think she understands that it's probably part of his therapy. It's hard for her though.

Mother: She said like that was unnecessary [that] they were being kind of mean to him, you know. And she didn't want that to happen because of her.

Julie: I'm supposed to be his friend, not somebody who makes his hurt.

Though all children agreed that any relation was the better for being

"friendly," these data suggest that interactions based solely in the goal that they and their partners completed in the program fell short of the children's friendship goals. Evidently, they were not yet familiar with, or attracted to the "peculiarly distanced," one-sided relationship (Gillies, Nelson, Sullivan, Seidler, & Tipton, 1985, p. 122) of most professional therapies. They used meanings of friendship drawn from their world of everyday life, not from the specialized context of therapeutic programs.

The liking theme also surfaced in the numerous friendship events that occurred among children. Its effect on their interactions with residents was not as readily apparent. To some extent, this was because children began the experience aware that they were expected to put the residents' interests ahead of their own. Furthermore, they saw themselves as responsible for taking the initiative to start a friendship. Consequently, they attempted to present behavior that was free of personal concerns or that was supervisor called "kid stuff." Nevertheless, the belief that friendship requires liking became increasingly visible in children's attitudes and actions, culminating in their expressions of satisfaction or dissatisfaction with the results of their friendship initiations. In this section, a brief glimpse at the motivational influence of the liking theme will be followed by descriptions of the various meanings children used to define liking.

As we saw in the previous discussion (pp. 124-127), children expressed confidence in their own capacity for friendship and enthusiasm for the enterprise of making friends with residents of the nursing home. Although it appears that their expectations tended toward the ideal, the children were also aware that they would have to work at getting a

friendship started. For example, during the preliminary planning meetings they made case histories for themselves and the residents and prepared a list of questions to ask their partners at the first visiting session. Both activities, they said, were designed to help children and residents "get to know each other." They also scanned activity books and craft catalogues for ideas about "the things to do" and posted an ever-expanding list of possibilities on the classroom wall. "We don't want the residents to get bored," she explained. Of course, the teachers who sponsored these planning sessions had an important influence on the preparations. They informed the children that they were fully responsible for their new role and must work to make the program successful. But the children were primarily concerned with the residents' responses to their work. In selecting ideas for future programs, for instance, they often asked one another, "Do you think the guys will like it?"

The concern with engineering liking in the residents seemed to carry special significance for the children. The principle involved might be characterized as: *Friendship depends upon persons' subjective impressions of each other.* Initially, this belief was most clearly reflected in children's perceptions of the residents' responses to their presence and the help that they offered. Not surprising, responses perceived as positive were highly rewarding ("It's so happy I got the pal I got."):

The children's concern with the residents' feelings about them was also closely related to the expectations of competence they held for themselves. Seemingly, being liked by their partners was an important indicator of good "happiness" work. For example, when individual

incidents became more active and variable, the children who worked with them reacted in different ways. Those who felt accepted and liked by their partners took on his successes, saying they "felt good" about "making a contribution to his life." Children who had not experienced their partner's behavior as personally rewarding were indifferent to his accomplishments. They spoke about the relationship without enthusiasm, appearing uncertain that their friendship was "needed" (made a difference) or even "wanted" (accepted) by him. Thus, children derived great satisfaction from the affectional qualities of their interaction and relationships with their partners, and they used these feelings of satisfaction to define their "helping" capabilities. In order to better understand how affection and satisfaction were related to the children's experiences, it was necessary to explore the meanings the term "liking" had for them.

During the early months of the study, it was difficult to gain access to the various meanings children used to define liking or affection within the situation. This may have been because the children were simply unable to identify, even to themselves, the components of their subjective experience when it was still quite new. But they also seemed reluctant to discuss their personal thoughts and feelings with me. Though they readily reported the social "facts" of their visits, they tended to shrug off questions concerning the "feel" of the situation with such stock answers as "fun," "okay," and "It just takes time." They were especially unwilling to divulge the problems they were having in their private negotiations with their partners.

Initially, then, information about the meaning of children's concern with liking was elusive. Periodic focal group interviews,

informal exchanges with various children at the resocialization sessions, and observations of their "private" conversations were more productive than formal question-and-answer interviews. Later in the year, the children shared their thoughts and feelings more willingly, often appearing eager to discuss the particulars of a difficult situation or the subtle pleasures of a satisfying relationship. These many kinds of data were examined for the terms children used to describe the emotional quality of their interactions and relationships with the resident.

Three terms referred to one of three kinds of liking: simple affection, psychological support, and sense of belonging. The first definition of liking, simple affection, includes a wide range of spontaneous feelings directly associated with interactional events. The next two definitions--Psychological support and sense of belonging--describe more subtle forms of liking that continued beyond single encounters. In contrast to Simple Affection, these two forms of liking involve a sense of relationship, a "we" feeling that is not wholly dependent on physical association. All children referred to these lasting relationships as "real" friendships.

Simple affection: "You should have seen his face."

Simple Affection characterizes the most elementary form of liking described by children. It refers to a wide range of pleasant, activity-based emotions and perceptions of their partners' feelings about them. These most frequently mentioned include being known or "recognized" by the resident, feeling helpful and pleasing to him, and having "fun" with him. These simple, positive feelings that all children looked for, and which many indeed enjoyed, were kindled, deepened, and often reinforced

in moments of interaction throughout the year. At least half the group, however, appeared never to move beyond an action-based relationship.

Because single affection is tied to moments of interaction, its meaning was most clearly reflected in children's descriptions of rewarding and unrewarding behaviors in the resident. The following examples are taken from various interviews conducted over the year:

From focal group interviews:

Julian: (to Kelly) Your guy found that so fascinating. You should have seen his face.

Kelly: Yeah. And you should have seen his face when we played dodgeball! (She grins widely.)

Liam: My guy doesn't enjoy the game. I guess he doesn't ever really smile. But he sometimes ohs. You can tell. I can't tell what he's thinking so I can't really tell if he likes it.

Suzanne: My guy doesn't like to ever do anything. He always says no. And it's hard 'cause he's always kind of grouchy. He got mad at me when I let this other one borrow his lighter.

Tim: (and) well Liam, what did he do?

Suzanne: He sort of yelled at me. . . . My grandma says not to take it personally 'cause he's not feeling hisself.

Tim: Yeah. My guy's not grouchy like that but sometimes he'll explode--poof--and

Suzanne: It's just his not wanting to do anything except, all he really likes to do drink the drinks and eat the snacks. I don't know if it's helping him very much.

From individual interviews:

He's always down there sitting and he waves when I come in. He knows I'm his pal.

The first two guys I had last year were very pessimistic. They just didn't want to be there and they complained about everything. . . . Then the next one, well, he was kind of funny. But he never knew where he was. He was 10-0-0 confused. He couldn't remember my name. Best of the time he didn't even remember my. It was just not very encouraging.

He's real quiet about it, but he always says, "No, Julia."

He's hung up everything I've given him. If he doesn't wear it, he's got this sticky board with his pictures of his sons and

his sister. Then he's got the tissue paper thing and that leaf thing we make right on the board!

He showed us his room and his pictures and his book collection. He's got all these baseball bats. Now I know what to get him for Christmas.

We never lets us take him for a walk. He won't even let us see his room.

He's interested in what we do and he's more energetic now. Like when we did the stress project I would stop for a rest, and he'd still be blowing! He really gets into it!

Nearly he leaves [the program] early. He does that a lot. The first time he did it . . . I went up to get the tape screen and when I came back he was gone. He didn't even tell me. . . It's not very good of him. Lots of times he just wants to go out to the lobby to smoke.

I think for me--the one or two times this happened--the thing that made me feel most happy was to see one of the guys [go] from a down-and-out gloomy look to a big bright smile. That just makes you feel really, really successful!

He's always waiting at the door, almost always in the same spot. The first time he did that everybody said it was a miracle 'cause he was the grooviest of the morning team. That makes me feel so good.

He keeps this little jar of candy in his drawer just for his pal. That's me.

The children described their initial visiting experiences using an anecdotal style. In terms of a distinction suggested by Hoffman (1960) their immediate concerns were with examining rather than relationshiping. By the end of the first month of the program, they began to supplement concrete descriptions of the resident's behaviors with appraisals of his disposition or "personality" (e.g., "paranoid" or "nice"), providing their own psychological explanations of his actions. Although they expressed interest in a wide range of resident attributes, they concentrated on behaviors that communicated their partner's feelings about them, his need for their friendship, and his attitudes about attending

the program. All appeared to require some degree of reciprocity or give and take of interest and affection from their partners. Most reacting to children were residents who (a) recognized the child as "his" pal, (b) smiled and laughed and took part in the activity, (c) accepted the child's "help," (d) invited the child to tell him about himself or himself, and (e) disclosed information about his life situation. Most wariness to children were residents who (a) appeared inattentive to them, (b) complained about being in the program, (c) declined their offers of assistance and invitations to activity, and (d) left the sessions early for no apparent reason.

At that time in the program, the wariness children expressed and the positive feelings they described reflected their perceptions of the resident as a "partner" or co-participant in the immediate activities of the program. Yet, when asked to explain their own actions, most children provided reasons that implied a longer view. For example, they said they were "just socializing," or "trying to make conversation," and "doing activities" not only to "cheer up" the resident and "get him active," but also "to get to know him," and "show him I'm friends with him." Such explanations further suggested interest in the resident as a potential friend. From the children's perspective, these early encounters were but ways of establishing a more lasting friendship relation.

Psychological reports: "We're a lot alike."

Psychological Report describes a rewarding sense of like-mindedness or "compatibility" with the resident. One aspect of this form of liking is the sharing of mutual outlooks and interests. It builds on the secondary feelings of affection and fear; however, the

emphasis is on having "something in common" with the resident and feeling at ease with him. Children who felt this sense of rapport often referred to the resident as a "buddy" or "man." They described the relationship in terms of a common (a sharing) that lasted beyond discrete activities. These children spoke about this kind of friendship they often had "happy" stories to tell. These were descriptions of simple events in which the relationship "took" or acquired a personal and lasting quality, distinguishing it from "the program." Examples of such moments include the discovery of a common interest, a term of endearment coined by the resident, a greeting or parting ritual--events that gave the relationship its binding quality or what several children called "the things we have together."

The children who experienced this rapport spoke warmly about their partner and said they felt "comfortable" with him. For example, one of the older girls who had worked with several residents the previous year said of the relationship with her current partner, "We sort of fit together better. I never felt very relaxed with the others." This feeling of rapport was also expressed by Billy when she answered a question concerning her work with two residents. (Her first partner, Mr. Jolly, died in mid-February. She was then paired with Mr. Harvey.) Note the importance she gives to the sharing of common interests when she explains why she felt "comfortable" and "relaxed" with Mr. Jolly.

I [used working with buddy {Mr. Jolly}] more. I felt really comfortable with him. But then after he died and I got Mr. Harvey it was never the same. Not with buddy, not they're two different personalities. And I was like buddy. We had a lot of things in common. He grew up on a milk farm. I have horses. We have similar things we like to eat. There's a lot of games we like to play. We were like buddies. (sings) I always felt . . . (sings merrily) He was fun. I don't know how to say it. I always felt relaxed when I was with

him. But with Mr. Harvey . . . I don't think we have anything in common. See they both were in the army, and Buddy never talked about that. And that's all Mr. Harvey really knows about. He talks about [that] and he talks about that.

Other examples of the similar interests and outlooks that children (and their parents) described as the building blocks of support included:

He said he went to [the school] where I went until fourth grade and I was just breaking out. . . . I was saying "Well where did you go to elementary?" and I thought . . . maybe the school is gone by now. [Then] he said [my old school] and I did a double take. . . . I just think that's so neat. And we both went to England. So I brought some pictures in and, you know, he just [gigg] talking about those pictures.

He says, "You wear glasses too, huh?" I said, "Yeah, got it fixed up last." (Buddie's also wears glasses.)

We both like to joke around . . . you know, just have a good time together. Mr. Lee [a previous partner] was nice 's everything but he was more serious. . . . Mr. Angus is a fun-loving guy, more like me. We get along real good.

Kim and I have one thing, no two-T.E. and two rooms. I tell you, he watches T.E. as much as I do!

He comes from [Higdon] and my grandmother lives in [Higdon]. So it was like we just started to sort of blend together.

I think mainly it's just that [residents who are comfortable to be with] are more open. . . . The more, they'll just start talking about how much they love their personalities, how much they're glad you came, how nice you look. Where the rest of the people are just kind of sitting around saying, "Well I was a railroad engineer in 1925." And you don't feel comfortable with that because you can't relate to it. But you can relate to what Mr. Stevens and Henry talk about.

And you can listen and think, "Well, yeah, you know, I had something happen to me like that." Just things like he says he's lonely for his old friends, and I get lonely when my best friend goes away for the summer.

(Buddy's mother) She can talk about her horses and he probably has some understanding. It's not like he's an ornamental one wouldn't care. So it was a real happy pairing. She can have some common ground . . . I think that's why she deals with him on a one-to-one [basis], you know, not as a child to [an] adult. She sees herself right up there with him. So I think she kind of looks at him as her buddy. She doesn't see a venerable old man. He's just a cool guy.

(Jay's mother). I didn't think she should have him like that, but he doesn't seem to mind it. They are a lot alike. He [can be] rather funny too. There's a camaraderie there that seems to work well.

These descriptions suggest that the discovery of resemblances fosters friendship because it encourages interaction. The recognition of similarities was crucial for feeling accepted by the resident, allowing the child to relax and be himself or herself in his company. Indeed, the children who said they felt comfortable with their partner were generally more responsive to his situation. When the activity of the day was not well suited for the resident's capabilities, for example, they devised involvement strategies which, they claimed, better accommodated his abilities and preferences. Thus, Sally adopted a complementary method of working with Mr. Jolly on detailed craft projects. "He can't cut out the little shapes and things like that," she explained. "Besides, he says he just likes to watch. So I ask him what color he wants and where to put it, stuff like that. He's better at the glue."

Illness in the resident, crying, signs of rising interest, and sudden changes in his mood, however, were not easily integrated into these "buddy" relationships. Such events seemed to introduce new or difficult ground which challenged the child's perception of similarity and support. Tim, for example, liked his partner, Mr. Angus, and found him to be a rewarding "buddy" who was "a lot of fun." He characterized their friendship as "fellowship," based in their similar personalities. Yet, Tim could not incorporate into that relationship the "bad times" when Mr. Angus cried at the reorientation sessions or became highly agitated by noise and the jostling for space at a crowded table. He said these episodes made him "very nervous" because "Mr. Angus is not

like himself and I don't know what to do." During these events, Tim made an attempt to help Mr. Angus. Appearing frightened, even embarrassed, by his partner's behavior, he usually stood back while one of the supervisors investigated the problem.

Most children reacted similarly to signs of physical distress, crying, or irritability in the residents; some even fled the scene. Three girls, however, tended to stay with their partner under such circumstances and show him special attention by trying to help him or please him in small ways. These children described the affectional quality of their friendship in terms of a feeling of "aliveness" or "belonging" that was deeply satisfying. They saw themselves as their partner's only "real" friend, responsible for helping him through difficult experiences.

Sense of belonging: "We've been through a lot together."

Sense of belonging, the most subtle and satisfying form of liking, refers to children's feelings of real significance in their relationship to the resident. The children who enjoyed these feelings were convinced that they meant something personally to their partner and held a "special" place in his affections. Not only did they see themselves as accepted by the resident, but they also sensed that he "understood" them and "cared" about them as unique individuals. This belief is reflected in the following descriptions of their most rewarding experiences in the program:

From an interview with Debbie:

We discovered things about me that I didn't even know. Like I always thought that pink and white and black were the most striking colors in an outfit. And I really enjoyed them and I love wearing them. But he noticed, I never noticed this but he did, that almost every day I wore purple . . . And it's really hard to see how much time he would take to me, like on

the card he gave me for my birthday? It's not easy for him to write, because he's missing a finger at the middle, right? And he took the time to write, "I got this cake done in purple because it's your favorite color." Then he wrote, "Love, George Stevens." (pauses and smiles) He does things like this every now and then.

From an interview with Ray:

It's like he can read my mind. I mean, when I go there I try to be in a good mood so he'll feel glad he's in this program! But sometimes it's hard for me to go over there after school and be in a good mood. You know, sometimes you just want to go home because you did bad on a test, or because the person who's supposed to be your best friend talks like you're a little idiot. And he always seems to know when I'm kind of down or something and he'll say, "How was your day?" . . . He always makes me laugh with the faces he makes. That makes you feel good because it's like he really cares! You know, he just understands without me ever saying anything.

From an interview with Julia:

There's lots of times [when he] made me feel like he really cared. Like, this was a long time ago . . . and we were finished with the activity and they said we could take our guys for a walk! And Kelly and Lisa were going out and they said, "George come with us!" I asked Henry if he wanted to go for a walk and he said no. It was too hard for him because of his arthritis! So everybody went out and we were just sitting there, and he said he was sorry. Like he said, "I'm not much fun to be with." Like he was thinking I wasn't having much fun 'cause of him? and that just made me feel [up though] I'm easy up here [points her arm high above her head] 'cause he acts like that. He makes me feel good!

These children also noted that their partners depended upon them and drew a special strength from their companionship. They felt needed by the resident and described themselves as his only "real" or "close" friend. Therefore, they said, it was only "natural" or inevitable that they should be at his side to "go through" not only happy experiences with his last difficult ones as well. The strength of this conviction was expressed by Deborah when she tried to persuade Henry, a younger child, to visit her partner who had been hospitalized.

Deborah: When's your guy coming back?

Henry: (Strong) He's still in the Intensive Care.

Heinrich: You going over [to see him]?
 Nancy: Oh oh. I can't. We're dying a green outside today.
 Heinrich: You should, you know. He's probably over there all alone. My guy was in Intensive Care, remember?
 Nancy: I would go if he really wanted me to. (She leaves the table, calls a supervisor when the activity is going to start, refills her cup at the refreshment cart, and returns to the table several minutes later.)
 Heinrich: What's the matter with your guy?
 Nancy: All's I've heard is he's got ulcers in his stomach. He probably got it from eating too much ice cream he has some problem with his kidneys.
 Heinrich: Maybe you're the only person who really cares about him.
 Nancy: I know. I already sent him a card. Margie said I could make him a card because I'm sort of scared to go in the hospital.
 Heinrich: Mrs. Becker will go over with you. (She appears to study Nancy who sighs nervously and bites on the edge of her paper cup.) Or, you could get your parents to go with you. My dad came with me.
 Nancy: Margie said she'd go with me after he got out of the Intensive Care.
 Heinrich: Oh. Yeah. That would be good too. It's not so scary in the regular part [of the hospital]. At least your card is there, right?

The dutiful behavior that Heinrich urged upon Nancy did not appear to be based on the kind of commitment that she herself felt. Although she was not always aware of it, her own commitment was closely related to the sense of belonging she derived from her relationship with her partner, Mr. Stevens. It was not, as she seemed to suggest, simply an act of will, deliberately performed to fulfill the obligations associated with her role. It was a spontaneous expression of "yearning" that appeared to be unqualified by the kind of uncertainty about the resident's feelings that Nancy displayed. This unquestioning attitude made it difficult for Heinrich to see that she had grown emotionally attached to her partner and, therefore, guided to maintain contact with him. For example, she never questioned the rightness of her visiting Mr. Stevens in the Intensive Care Unit, even though she was turned away

on her first attempt because she was under age. Failed by series of misfortune, she went home, dressed herself to look older, and returned. In the morning accompanied by her father. Both consistent in this reflected in this excerpt from an interview with Julia's parents when they described their daughter's reaction to Mr. London's hospitalization.

- Father: I think she feels even closer to him now, after all he's been through lately.
- Mother: She doesn't really want them to get her a new parent. I think they've talked to her about that.
- Father: Well they've been through a lot together. I've never met him or anything like that but I could tell from her conversations [here at home] that he was kind of holding back and holding back at the beginning . . . she just kept on, just being there till there was a breakthrough [on Mr. London's depression].
- Mother: I think she senses that he needs her now, even though he says he'd rather be left alone.
- Father: Yeah. She doesn't talk about it a lot but we've supported her on that. It's partly just her nature to want to be there and assist to help. It's hard to define when it's a part of your life. The teachers have always said that Julia's a special person, that she's very caring and she's real concerned about others. But she seems to get something out of it too, a feeling of what she's good at. . . . So it's almost something she wants to do.
- Mother: Well I think she feels like she's really a part of his life now, partly because she has been able to help him so far.

Mothers saw the liking these boys apparent than in children's perceptions of residents' responses to their helping initiatives. As we saw in an earlier discussion, feelings of helplessness were significant components of the simple affection children pursued in moments of joint activity with their partners. Similarly, this sense of belonging included subtle feelings of accomplishment derived from "going through" or sharing the resident's emotional experience when he was ill or unhappy. Children who saw themselves as capable of "understanding"

Their partner's feelings said they "felt good" about making a contribution to his life. One source of satisfaction was the feedback they received from the resident confirming their ability to understand and care for him. As Julie explained:

When I ask him how he is, he always says he's hurting. . . . So I just let him say it to me because maybe he just wants to tell somebody how he feels, maybe it just sort of helps to say it to somebody who understands. Then we do things and it gets him shut off it for awhile. . . . Henry is a really loving guy and it makes me feel good when he says I bring him the sunshine. He said I made him feel warm again. It's just-- nice.

Another source of satisfaction was the sense of intimacy or closeness children derived from these empathic experiences. They could only describe this intimate quality as a "special feeling." Octavio's submission to an essay contest conducted by the hospital's volunteer department captures well the private dimension of the "close" friendship.

I know that not everyone will understand my feeling for my special friend, but I hope that they will try. My dad and I have something that only we can see, and yet it thickens the air with the good when. Although everyone has had this special feeling not everyone knows that something like this feeling can only blossom from a deep part of you, where all your troubles are forgotten. . . . Friendship is an experience they only can be felt and seen but not truly spoken or said out loud . . . but as we speak the same language I feel that you understood me when I say, that there is no love or friendship like that of my dad's and I.

The foregoing description of children's conceptions of liking may seem to imply a progression toward "better" or "higher" levels of friendship. It must be remembered, however, that the description is not based in an analysis of child-resident relationships in the abstract. It was derived from children's interpretations of their experiences in this setting and reflects merely the order in which they usually introduced their changing interests. The children themselves did not

explicitly rank one kind of liking as better or more advanced than another. In fact, as the year unfolded, most youngsters moved back and forth among the three definitions, using components of each to define their own and one another's relationships with their partners.

Nevertheless, they often spoke about the acquisition of being friends in terms of a process of "proving" or becoming friends with the residents. They said, for example, that friendly interaction was not itself friendship but a way to get a friendship started and keep it going. This belief was frequently expressed in the fall when children encouraged each other to "just keep going" because "it takes time for him to get used to you." Recall, too, that the discovery of mutual interests and shared feelings was an important milestone for these children. It meant acceptance by the resident and a shift in the relationship from being mere program partners to becoming personal friends.

Children's ambivalence about going along with one resident contrasted sharply with their reactions to requests to take on a new partner. On these occasions, their reluctance was unequivocal, although publicly they never refused to comply. Instead, they carried out the assignment in a perfunctory manner, as if to let others know that friendship could not be so easily shared or created. When questioned about the problem these requests posed to them, children argued that it took "too long" to get to know someone," or, as one child said, "It's like going back to the beginning." They knew that reaching agreement with residents on what their interactions were about took time and that investments of concern in a resident might not be paid back. As Lisa and Deloris explained:

- Liam: There's friends and there's real friends . . . and you don't get to be close friends with someone in five minutes.
- Seirios: Yeah. It sort of grows, you know.
- Liam: (interrupting) 'cause they're not going to give out all their personal things to someone they just met.
- Seirios: You ain't just go there and "drop-by" for a visit. You have to prove to them that they're special. I was lucky because Mr. Stevens and I hit it off right away. He sort of picked me and I picked him. but that's not the way it usually goes. I mean we don't get to pick our friends in this program, so it has to grow.
- Liam: And when they go and get all depressed you might have to start all over again.

It seems reasonable to suggest that the three "levels" of liking reflect children's explicit beliefs that "closeness" in friendship is shared and develops in a reciprocal manner. Although they enjoyed specific incidents of pleasurable activity, the "real" friendship they were after involved a comfortable "we" feeling of acceptance and affection that transcended the vagaries of the program.

To Sum Up

These analysis revealed that children defined their role in the program in terms of friendship with their elderly partners. The first theme, Friendship Can Make You Feel Good, provided them with a set of beliefs through which to reflect satisfying and attainable goals for doing good. The second theme, Friendship Involves Liking, assisted them in choosing criteria for determining where the situation was going and evaluating their accomplishments. Thus, we see children using their beliefs about the therapeutic effects of friendship to compose (in imagination) a code in which they could sustain themselves doing well at doing good. They put emotional rather than functional books at the center of their thinking, and their knowledge about liking between friends provided them with numerous possibilities. As they took part in

their individual situations, they employed their ideas about the inner workings of friendship to interpret these experiences.

The themes of benevolence and friendship, then, bring into view the purposes that motivated children to take part in the reactivation program and the criteria they used to define and evaluate their work. In the next section, I will describe the difficulties posed to children by infirm adults and the contradictions children experienced between their helping ideals and the realities of doing intergenerational friendship work.

Children's Problems with Intergenerational Friendship Work Difficulties Posed by Infirm Elders

Having been residents selected for "reactivation therapy" presented children with a diverse set of circumstances that complicated the work of building friendships. Most residents suffered some degree of sensory-motor or intellectual impairment resulting from chronic disease and aging. Typical problems were hearing and vision losses, speech impairments, stroke paralysis, memory deficits, poor coordination, and easy fatigue. Many residents also suffered varying degrees of passivity (motivational deficit) associated with the social-psychological conditions of their life situations. Although not all residents saw the program as relevant to their needs, they were generally appreciative of the children's good intentions. Most seemed to enjoy the sessions, and a few became closely attached to the child with whom they were partnered and found the relationship deeply satisfying.

When we consider the problems known by residents, it is not surprising that they posed difficulties to children who saw themselves as responsible for "making friends with them." Many children saw

discovered that their conceptions of friendship were not yet sufficient for full-scale usage within the context of a formal, therapeutic program. In this setting, the "therapy" sessions included informal conversations, structured group activities, and a few moments of discretionary time for individual child-resident greeting and departure rituals. During each session, the children were expected to engage residents in an hour of sociable activity and use these contacts to develop a special relationship with their assigned partner. Because of their various problems, however, residents had difficulty participating in activities that required normal hearing, vision, and speaking abilities; a good memory; an alert mind; various motor skills; and a sense of fun. More important, several residents lacked the ability, perhaps also the will, to communicate clearly to their young pals that they were liked for themselves and made a happy difference in the resident's life.

In light of these circumstances, we can better understand why the development of satisfying relationships between children and elders was not always easy, and certainly not automatic. Compared to the average grandparent and elderly neighbor or family friend, many of the residents selected for respite/therapy groups were more difficult to engage in conversation and structured activities, less likely to keep interaction going in a reciprocal manner, and more likely to show a chronic sadness that could only be lifted momentarily but never changed sufficiently for children to feel that they were making a significant contribution to the resident's well-being. Furthermore, when we consider the liking criteria children used to evaluate their work, it becomes clearer why they were so uncertain about their accomplishments,

despite glowing reports by staff of the benefits of the program to individual residents. Each kind of liking was more difficult for children to identify and assess when residents did not respond to them in ways they expected. Thus many children were never sure that they had established a relationship that went beyond specific encounters. For at least those children, the lack of appropriate displays of friendship by the resident led to feelings of dislike for him and, ultimately, distancing from the role of "personal friend" altogether.

Living Up to One's Ideals

It has already been noted that, initially, children were reluctant to share their concerns with me. They seemed to have similar difficulties divulging their problems within the group itself. For example, at the club meetings they usually responded with silence to the leader's question, "Anybody having any problems?" Nor did children consult privately with the supervisors. This reluctance to discuss difficulties and concerns appeared to be closely related to children's self-enhancement motives. More specifically, it involved the desire to "live up to" the social and altruistic ideals that motivated them to join the program.

As we saw in the previous discussion, children began the experience seeing themselves as kind and helpful persons who were doing good for the elderly. In fact, most children (and their parents as well) thought that the program had been established by the school to foster caring and concern for others in students. As Samson put it, "It's to make you a better person." Children's affairs of friendship, it was suggested, were not unselfish, however, in the sense that the child wanted nothing in return. These children wanted to do well at doing good, and they

defined their effectiveness in terms of the actual personal involvement they required for friendship. They needed to share at least some basic expectations with the residents and see that they meant something personally to their own partners. When circumstances arose which made that difficult or unstable, they became concerned about what a kind or compassionate person would do under such conditions. In a word, they became socially self-conscious. They thought it necessary to conceal their problems in order to fulfill expectations of a desirable disposition that they held for themselves and one another. Near the close of the program, Sherry explained how commitment of her feelings about Mr. Wilson was connected to her desire to be seen as a "good" person.

Interviewer: You seemed worried when your Mom and Dad said they thought you were a bit disappointed with the program.

Sherry: Well, um, it wasn't exactly what I expected. But you have to act mature as you don't let your tail down. I mean, it's not for us. It's for the guys. So it's not good to let yourself get disappointed.

Interviewer: Do you remember what you expected?

Sherry: Well, I thought he'd be sort of like a grand-father. You know - someone I could talk things to and do things with. But it's really hard for him 'cause he's got this disease that makes his hands shake, and it's hard for him to speak properly. And - well - it - it - it's just as I think. He's very nice. It's strange. I don't like it like I thought it would be, but I don't dislike it either. It's sort of neutral.

Interviewer: When you are having difficulty working with him, who do you talk it over with?

Sherry: Well, you can't. I mean, Julie sort of knows because we're best friends. And I guess my Dad would tell because he's here all the time, but I never told it to him. I mean we can't say that it's not working out very well in front of everybody. You're the only one we can talk to like this. People mightn't think very good of you.

Kelly responded similarly when asked why children did not discuss their problems at the club meetings.

You wouldn't say it in front of the whole pediatric group. If it's just your friends you would. But we're not really a team that we're together like that. If it's the whole group you might feel kind of embarrassed to come out and say, "See, I have this problem with Mr. so and so." It's too - selfish - sounding, you know - like you're complaining!

Rita also stated Amy recalled of her way of handling problems during the early months of the previous year's program.

I'd go up to get him and he wouldn't want to come. So, I'd go down and peek around the corner and see if Mrs. Raleigh would come with me and get him to come down. It didn't look very good so coming in without him. But I didn't want people to think I didn't understand how he felt, you know, like I was complaining about him and stuff! He had some kind of skin problem and he didn't want to come to his parties because of his dignity. He would get so mad at me! But he doesn't do that anymore. It's harder for some kids though. Like Diana (her best friend), she didn't like any of her pals last year. They weren't very easy to get along with. Besides she was real unhappy inside herself. . . . But we wouldn't even talk about problems like ging at club. . . . Well, for one thing we're supposed to be more giving. We're there to make them feel good. I guess we say to ourselves, "Well, you don't see their parents complaining do you?"

All three girls expressed the worry that other people might view their talk about problems as "complaining." As they saw it, complaining implied failure to rise above one's self-interests and accept problems as a "natural" occurrence, thus threatening the developmental goals they set for themselves. They also alluded to pressures within the group itself that relegated much talk to private confidences between friends, thereby making it difficult for children to discuss their problems openly with one another and seek solutions together. Jennifer, who dropped out of the program for two weeks in the spring, described most clearly how personal expectations and group reactions supported the attitude toward problems taken by children in this setting:

Dropping out didn't solve anything. . . . But one, when your guy is never really happy at residents right back on you. I mean he comes in happier than he is at the end. It makes you feel like you're doing something wrong, or that he doesn't like being with you. . . . When kids start dropping out, then people just think, "Oh those kids, they're not acting very mature." So then the whole group gets a bad name because people do that. And then your friends get mad at you!

Later in this chapter we shall see that peer relations and social features of the program were played an important role in children's coping behaviors. With respect to disclosure of problems, cautions against open disclosure did not appear to spring solely from explicit peer group conventions. Rather, the consistent pattern emerged in the context of certain conspicuous qualities of the moral culture of the program--the emphasis on doing one's duty, on resisting temptation and temptations from one's "selfish" nature, on being good to others on principle, rather than on emotional spontaneity. In the children's view, the norm of charitable self-denial even extended to the residents. For example, when one of the older girls was asked, "Which activities do the residents like best?", she responded, "I don't know. It's hard to tell. I mean, they're not going to say to this little kid who comes over to see them, 'I had a terrible time today'." The radical separation between self-interest and concern for others that characterized children's understanding of what it meant to be a "good" person contrasted sharply with their expectations for genuine concern and affection in the relationship with their partners.

The children's reluctance to discuss their concerns about the various difficulties posed to them by elders began to make sense when examined in the context of their youthful idealism. Tending to underestimate the complexity of interpersonal relationship work with

Infice elders and, perhaps, overestimate their competence, the children experienced confusion about a partner's resistance or lack of responsiveness. They also appeared to feel guilty when they felt an affection for a partner or experienced negative feelings about him, and they became concerned about losing the respect of others and the opportunity to demonstrate to themselves that they were growing up. Their unwillingness to divulge their problems implied that these feelings and concerns played an important role in their behavior. This led us to conclude that the basic social-psychological problem facing these children was how to derive a sense of satisfaction and accomplishment from doing good for elders who did not reciprocate their friendship initiatives in ways that children expected.

Coping with Intergenerational Friendship Work

Children chose friendship as their method of coping with the responsibility they had assumed for making a positive contribution to the lives of a group elderly residents of the nursing home. The goals they defined for themselves were explicitly well tailored to the aims of the program but difficult to bring about with elders who did not know how to help children understand the friendship enterprise. Children employed an array of cognitive and behavioral strategies to cope with the problems they experienced. Their cognitive strategies, which will be described first, centered on seeking causal explanations of their problems.

Attributions of Responsibility

Once children felt comfortable sharing their concerns with us, they gave lengthy explanations of their own and one another's problems. They tended to attribute problems to more than one cause, including

issues such as (a) the limitations of the residents, (b) dissimilarities between themselves and their partners, (c) their own shortcomings, and (d) various impediments or constraints to the program. All children associated program and resident factors with difficult friendship work. Those who had formed a satisfying relationship with their partners also mentioned their lack of experience and spoke with excitement about the difficulties they had surmounted. They appeared to view their shortcomings in terms of abilities they wanted to acquire rather than as insurmountable deficiencies. When children were uncertain or unhappy about their relationship with the resident, they emphasized his failings as a friend. In these cases, the child also spoke about dissimilarities between himself and her partner that made friendship impossible. Although no child claimed that all four issues appeared in his or her own experience, the children readily accepted one another's explanations for problems as reasonable.

Elder's lack of ability

Of course the children were aware that most residents suffered some degree of disability or incapacity. They were understandably curious and frequently baffled by the behaviors they observed. Rarely, however, did they characterize their problems in terms of the physical attributes of the resident as the alleged "cause" of his condition. Instead, the recognition of physical impairment usually evoked sympathetic feelings in children and gave positive meaning to the situation. Disabilities, then, provided them with a reason for helping rather than an explanation of difficulty. When children did attribute problems to limited ability they did so only to explain why certain activities were not well suited

for a particular resident. These comments from interviews and field notes are typical of children's views.

He couldn't do the interblowing with us 'cause he's too weak.

His hands shake all the time so it's hard for him to do the craft things. He's better at the illustrations.

We have to make all the answers 'cause they're too slow (as quizes such as 'Drivial Forward'). Besides they always get 'em wrong.

He says he can't see chessmen. I ask him to do an art thing with us. I think it's really 'cause his eyes are in parapsaid and he doesn't want 't to sleep. But things do have to be big for him to see them well.

I think he would talk more, but he gets embarrassed because it makes him start to drool. Like he can't talk and swallow at the same time. So I have to keep thinking up things to say.

Eileen's Lack of motivation

On the other hand, children frequently mentioned the resident's lack of motivation as a barrier to friendship. When we consider the residents' attitudes we should not be surprised that children saw insufficient motivation as a reasonable explanation for many of their problems. To the child's untutored eye, the apathetic attitude of the partner who was depressed and the expressionless face or sluggish behavior of the partner who had suffered a stroke meant lack of interest. Similarly, children were not certain that their friendship was needed by the resident who had frequent visitors, who was never waiting for them, or who regularly complained about being in the program. This uncertainty about the resident's need for a friend is captured in Rebecca's answer to the question, "What has made it difficult to 'get to know' him?"

It's nothing with him. He's really a nice man. I was scared at first that I wouldn't know what to say during the talking part, but he talks, so it isn't too hard. And he always comes. (His person did change.) See his wife is always there

when we go and I sort of feel like I'm intruding, even though she says, "No, no, dear, you go ahead." I feel like maybe he'd rather stay with her! He says he'll be going home soon and I don't know if he really wants to do this or if he is just being nice.

Marlene, and another child who expressed the worry that her partner did not appear to "lead" the program, may have been especially concerned about rejection. Both were rather shy children who often seemed lost for words, even though they worked with residents who were inviting and conversational. The two men usually had visitors when the children arrived, however, and did indeed appear to be less easily than other members of the resident group.

Retraction, then, concerned all children. When they were discouraged or frustrated by the results of their efforts, they had much to say on the topic. Some examples follow:

Whenever I ask him what he'd like to do he always says, "Whatever you want." I wish he'd make the suggestion, just even once would be so-o-o nice. (She sighs.) I guess I shouldn't complain. At least he likes anything I suggest.

I don't think he ever really bothers to make time to find really close friends. It's almost like he expects the friends to come to him. You know, he never really goes, "I don't want to talk to you." You know, he's never really said. But he's never really happy to see you either. He never tries to make the day.

Most of the guys just sit there. They never want to do anything with their pals. Like Henry, he does things with me. But a lot of the [kids] can't have any fun 'cause their guys don't want to have fun.

The guys are just sitting there being bored. We can't do anything unless they want to do it with us. I'll ask my guy, like when we have free time, "Do you want to go for a walk? Nah. Want to play a game? Nah. Want to go back out to the lobby? Yeah." So I just shoot him out to the lobby and come back and sit by myself. He doesn't want to do anything, and when he just sits there and tapes it like us.

When children grew impatient with their partner's passivity, they complained vigorously about his lack of effort or "involvement." They

seemed to look upon the behavior as a character disorder rather than as a symptom of his condition. One had the impression that they were trying to contain themselves and assure that they should not be held responsible for his failure to become happy. As one child said, "People think we are being tolerant, but we're not. Most of the guys just aren't interested in doing things, and everybody thinks it's us that's the problem."

Children worried about these negative feelings and often used the interview to ask for explanations of their partner's behavior or to test out their own explanations drawn from perceptions of the resident's life situation. "I think he's getting old and tired," Jennifer suggested after expressing her exasperation with Mr. Jones' reluctance to attend the program. "He's really sick and people keep making his nose droopier." Similarly, after pouring out her feelings of frustration with Mr. Pepper's unshakable melancholy, Lisa sighed and concluded, "All he wants is to go home." She could not understand, she said, why Mr. Pepper's wife would "leave her husband in a nursing home."

- * He wants to go home and I always know when he's been home. For the weekend because he just sits there and cries and looks all depressed. If my husband gets a stroke - if I ever get married - I'm going to put him in a nursing home. If he's got to use a wheelchair, there's no big deal! He can still do lots of things. I think they're a lot happier when they're at home.

Like other children who worked with residents who were depressed, Lisa spoke about her experiences in terms of "good days and bad days." On the good days, Mr. Pepper was "cheery. He really gets into it then and he's nice to be with. He still cares about us - seeing. He really does." On the bad days, she felt disheartened by his intractable sadness and angry at him for rejecting her help.

Innegotiable Differences

Children also coped with feelings of rejection or failure by using dissimilarity between themselves and residents as an explanation for unsuccessful friendship work. As we saw earlier, the discovery of mutual interests and similar personality attributes served to encourage interaction and a sense of assurance to children that they were going to "get along" well with their partners. They dealt with the initial strains of becoming acquainted with the resident by questioning him about his interests and inviting him to do things. The process of getting acquainted was easier for children whose partners reciprocally asked about the child's interests and experiences and helped to identify the similarities between them. Conversation was less taxing and, more important, these residents were better able to show their young pals, in ways that children could understand, that they liked and wanted their friendship.

In the absence of clear signs of some kind of mutuality, telling themselves they had little in common with the resident was one of the ways children could maintain a sense of purpose. Although they were frustrated and sometimes angry at partners who "never listened" and who were unwilling to do what they wanted to do, children could not openly fault the resident, as they might a peer. Nor could they leave a relationship that was not working out. Instead, they attributed their difficulties to "incompatibilities" between themselves and their partners that made a personal friendship almost impossible. In doing so, they appeared to shift goals, substituting obligation for affection as the basis for interaction. Thus, the attribution of dissimilarity served to avenge feelings of rejection or failure and helped children

to keep themselves motivated. They see themselves as agents of "a good program" doing what "any other person" would do. This role shift is reflected in the following excerpts from interviews with children and with parents who sensed that their child no longer took delight in working with his or her partner.

From an interview with Sherry:

I wouldn't ever drop out 'cause it wouldn't be fair to him. I mean he's always down there when we come and I can't let him down by not showing up myself. Besides I still like the program and I hope there's something like this when I get old and have to go to a nursing home - if I ever have to.

From an interview with Sherry's parents:

Mother: She had her heart set on getting herself a kindly grandfather. I wondered how this would go when she came home after the first visit. I asked her "Was your new grandfather?" and she said, "Oh yes, he's grand."
 Father: I think she has problems with his eccentricities too, occasionally more than technically. She's much more cautious in social situations than her sister was. She's shy about helping him out, you know, holding his hand to steady it, things like that. And he doesn't give her dimensions like one of the other residents do with the kids. . . . She's a very private person, but we could tell that she hadn't taken to [him]. I think it's mainly a responsibility that she feels out and of course the pressure from the group to see it through. We're waiting to see what she decides about returning next year.

From an interview with Kelly:

[Mr. Harvey] talks at you all the time. . . . I always feel like I'm just another person. There's all these people coming to do stories on him [publicity] and I'm just another person for him to talk to. . . . He never wants to do things with us. So, you know, I get him, take him down, and put him back. It's just kind of routine, so he'll have someone to be with. . . . I don't really like him.

From an interview with Kelly's mother:

We have to ask her about the program now, otherwise she never talks about it. That's a real change. She was always talking about Daddy and planning what she was going to do with him and making things for him. She has never really said she doesn't like Mr. Harvey but I think she's just sticking it out now . . . going on as if they rather than love.

From an interview with Lisa's mother:

She's been around disabled people before this, so I don't really understand her attitude, except that she expected to see big changes in him and of course that's not likely. She said she feels sort of helpless because he won't help himself. I asked her if she wanted to drop out of the program and she said, "I still get satisfaction from just going there and being one more kid who's trying to shake them up." I don't think she concentrates on Mr. Pepper. Well, she tries not to because she gets so frustrated with him.

From an interview with Jennifer's mother: (Jennifer had tried twice to drop out of the program.)

She's a very up-beat person herself and encourages towards other kids who are talkative and high-strung like she is. She doesn't show the tolerance that I would like to see towards kids who are shy and quieter. It's the same thing here I think. She was so excited about getting Mr. Jesus for a partner because he seemed to be the one that all the kids wanted. I've never met him, but she says he's never really happy and he's always complaining. I know she's frustrated, but she hates to give up. The kids put a lot of pressure on her to go back. They told her she was only punishing Mr. Jesus, and I think she's using that now to keep going. You know, her membership will soon "expire," and that will be her out.

Don's self-perceptions

When children were feeling good about their relationship with the resident, they seemed less threatened by difficulties. They spoke more readily about their own limitations and about the abilities they wanted to acquire. Don mentioned "shyness" or "lack of self-confidence," and wished for the conversation skills they thought they needed to "just converse" more easily with residents. Others said they wanted to know how to deal with crying or "bad words." Most admitted they were "nervous" or fearful of residents who appeared to be cranky or in fragile health. The following quotes typify the concerns common children expressed during interviews.

- The most difficult thing is not knowing what to do if there's an emergency, you know, if they get sick or something. Like my partner's a diabetic, but they say he can have the insulin 'cause it's not enough to hurt him! But I get real scared when he starts eating a bunch of cookies or a big piece of cake with lots of icing. I just worry all the time that he's going to have an attack or something, 'cause I wouldn't know what to do.

If they're in a bad mood and you're by yourself with them, you don't know what to say. Like I'm not the world's greatest conversationalist and I wish I could just take small talk tips from Frank's dad. It doesn't matter to them that they don't even know her. She comes along and starts talking and they think she's the greatest thing since sliced bread. I like it when Shirley is funny because I feel more relaxed, but when he's done I don't know what to say.

I hate it when we sing the songs 'cause it makes him cry, and it's hard to get this stopped. I'm getting to know what things upset him and I try not to let them happen. [Sherry's father] says it's not always something we did that's wrong and just to try to stay calm and help him calm himself. It's really nice when [her father] is there 'cause he helps Mr. Rogers get out of it. I get sort of embarrassed in front of the whole group 'cause I'm the only boy.

- His face gets all red and he starts to choke sometimes when he's drinking. It gets me really scared. They taught us at camp how to do the hug thing if somebody starts choking on a piece of food or something. But I don't know if I could do that with him 'coz he's wheelchair. He always says he's okay, but it still makes me kind of nervous. I'm not very confident when one of the guys looks real sick.

I wish I could think up things and keep [the conversation] going better. You don't want to keep saying the same things. I think it's helping me though and my mom is helping me think of things that I can tell him about.

Emotional adjustment

Children often attributed their shortcomings to lack of experience. Not only did they feel wanting in their abilities to deal with specific problems, but they also felt dissatisfied with the general quality of their planned activities. As the year progressed, they started that they were "boring me of them." They traced some of their dissatisfaction to lack of assistance from the supervisors. As one child put

is, "It's like sending you to the store to buy candy without giving you any money." They also attributed problems to program routines and certain kinds of adult assistance that, in their view, made individual friendship work more difficult. Typical examples of the children's perceptions drawn from interviews and field notes follow:

[At the club meeting following the first reactivation session] Mr. Francis asks, "Julia, can you tell us about your experience yesterday?" Julia responded, "He kept telling me how he had arthritis problems and he had problems with reading and everything so that illustrated a lot of my questions because he didn't like reading, or games, or watching TV." Mr. Francis encourages, "But finally you did find something out." Julia interrupts, "You came over and asked him all the questions." Mr. Francis persists, "But then you took over." Julia disagrees, "Not like that. It's not the same 'cause you had more ideas so he liked it better. We ask there for a long time. Then I asked him about his family and that just popped out of me. He told us about his sons and his grandchildren and his great-grandchildren. He got into it better." Jennifer explains, "You got his onto a topic." Julia smiles, "Yeah. Finally."

- * We keep having these games. And now for the [School] kids it gets to be kind of like school. You have to get the right answers so your team will win. If you don't, somebody punts you on their team. And now the guys don't know the questions, or they're too slow. Not just the trivia game, but you know that day when we had questions about the Statue of Liberty, that's all we do all day is answer questions. That gets real boring and then we go to the [jazzing hour] and they ask us more questions.

We have to hurry hurry all the time. I don't like it when we have to hurry with everything. Like Mr. Stevens just wants me to stop and talk to him for awhile when we get three-o'clock, so he little "office" at the door where he waits for us to come!

We used to have about 15 minutes at the end. You know, they'd tell us, "You have 15 minutes to do something with your pain. So don't walk, or whatever." I used to take [Mr. Burns] outside and we'd take a ball back to South. It's great exercise for him and he sort of liked it because it was something we did, just the two of us. The program is not usually very motivating for him, but we don't have that time any more. It's real rushed at the end and like everything has to be done the same. That's good at the beginning when you don't know what you're doing and the kids and their pain doc't know each

other. But then you get some ideas about things that your guy likes and doesn't like and you will have to . . . do the exact same thing as everybody else so it doesn't get too wild.

[At a late spring reactivation session children and residents assembled on an outdoor patio; the supervisors hurriedly prepared for a different activity when the expected visitor from the Women Society didn't show up.] Julia breaks the silence at her table, "I wish we had a day for doing what you want, us and the guys doing what we want." Gilly extends the idea, "We could come over here and get all the guys together and then we could plan a circus or something." Sherry joins in, "Oh yes. Then they could each do something different, like maybe they'd be the acrobats and we'd be the clowns 'n stuff." Barry takes the discussion, "and we could have some games, sort of like a carnival." Suzanne giggles and calls to the group from a nearby table, "Hey, I've got an idea. Mr. Field could be a 'strong man,' you know, being his weights and stuff from physics and pretend he was lifting a heavy weight." She turns to Mr. Field and excitedly describes her idea. He laughs and flames the muscles in his good arm. Mr. Pepper raises his hand to stop, "I'll cook the hot dogs." Lisa studies him, then says, "The guys don't ever get to plan with us. They could you know. Mr. Pepper knows a lot of things. Then he wouldn't have to just sit there and watch us do crafts 'n stuff."

It seemed that as the year unfolded children felt increasingly constrained by routines and procedures that had earlier helped them to get their bearings in a new setting and initiate relationships with their partners. Various complaints about feeling hurried, wishes for more variety and greater flexibility in programming, perceptions of some of the uniqueness of their individual situations, and observations of untapped abilities and interests in the residents, all suggested that children were learning something from their experiences.

During mid-year interviews with individual children, I asked each child how he or she had used ideas discovered in his or her own work to change the program for the better. Most children seemed genuinely baffled by the suggestion, even to recoil from it, at least momentarily. Acting as a hatch that they felt threatened by the responsibility

implied in my question, I attempted to reestablish rapport by commenting, "That's a pretty big order, isn't it?" Every child readily agreed. For example, one youngster smiled and quickly explained, "Yes, because our things could get out of control." Another child, who answered staidly, added, "Then we mightn't do everything like we're supposed to. See you can't just make your own [program] - we all gotta do the same thing." The children seemed especially concerned about order and conformity, emphasizing the imperatives of expected group work over the relevance of that work to their individual happiness projects. One youngster clearly described how his autonomy within the relationship with his partner was necessarily restricted by the group context. When Tim told that his mother was "sad" because his partner was sick, I asked him, "Does your mother help you with things that come up with Mr. Ingal?" Tim answered matter-of-factly, "She can't really help me or tell me what to do because I'm doing the program with a lot of other kids."

On the other hand, in discussions among themselves during the small group interviews, children spoke enthusiastically about their ideas for improving the program. They appeared to derive support from the presence of peers and inspiration from one another's suggestions. Yet, when I asked how they planned to use their ideas, children quickly reminded me that the power to make decisions regarding the program was "really in the hands of adults. I probed for further information by asking, "Do you have the impression that it is out of order for children to make suggestions about the program itself?" During a typical interview, one child responded quickly, "No-but-what if we started up? Then it would be our fault, right? We don't know all those planning

things." Another child nodded in agreement, then asked us to "speak to them [the supervisors] about giving the kids a suggestion box. Ies, if you think your idea is dumb, you just keep it to yourself." After experiencing problems in their work with elders, children began to appreciate the complexity of the project they had undertaken. Although they felt constrained by certain adult directives and program routines, they appeared also to become increasingly aware of their own limitations. They were not quite ready for the responsibility implied in my question, namely, perhaps, that they derived personal security from both the group context and the presence of adult supervision.

Summary

Children's explanations for why residents were difficult to befriend were diverse and variable. A striking characteristic of their ways of thinking about problems was the attitude of tentativeness with which they approached explanation. Most children, even those who enjoyed satisfying relationships with their partners, worried about the overall quality of their work. But they appeared not to know why some sessions and friendships went well and others did not. Such uncertainty may have been partially related to the novelty of the situation. Extended purposeful contact with infirm elders was a unique experience for these children, making them highly "susceptible" (or receptive) to the immediate situation. Without benefit of a background of similar experiences, then, they tended to explain problems in terms of the particulars of specific, recent events in the program. This short-term perspective may also have been related to cognitive ability. Between 10 and 13 years of age, the quality of children's thinking is typically

intuitive and dependent on concrete events, especially in the context of new and ambiguous situations.

Idiosyncratically speaking, the tentativeness of children's causal explanations for their problems is better seen as a reflection of their feelings about the quality of their relationships with their partners. When children found the relationship satisfying, they appeared to look upon most difficulties as irrelevant, or challenging but manageable. They did not minimize the problems the resident brought to the program, but they were inspired by his responsiveness to try out their ideas about how to make him happy and to identify abilities they wanted to develop to become a better helper. When children found their partner's responses unpleasant or puzzling, they worried about his intentions, their own negative feelings, and their ability to accomplish the goals they had set for others and themselves. They tended to hold the resident responsible for the problematic relationship and themselves responsible for finding a solution ("I should be more giving."), although they approached the task less optimistically and diligently than their satisfied counterparts. In both contexts, satisfaction with the relationship and dissatisfaction, children's causal explanations and their usability and generosity toward the resident appeared to reflect their own feelings of happiness (or unhappiness). This is consistent with Clark and Ison's (1982) and Hansen and Eisenberg-Berg's (1987) feeling-state explanation of social behavior. Clark and Ison proposed that "positive" and "negative" feeling states affect impressions (of a resident, for example, as likable or unlikable) and helping behavior. Their notions further suggest that children who "are only in the process of developing . . . seem, on the one hand, more vulnerable to feelings,

were affected by them or less able to resist them or cope with them, but, on the other hand, they also seem less profoundly or extensively or long-lastingly affected by them" (p. 185). Thus, the variability in children's attributions of responsibility for their problems with elders may be seen as a strength, an appropriate kind of vulnerability or responsiveness to the possibilities in the situation.

In the face of persistent difficulty, however, children became increasingly self-conscious, thinking partly about their problem and partly about what others would think of them. They seemed to search for explanations that helped them to dismiss potential threats to their sense of responsibility and personal achievement goals. For example, during the early months of a difficult relationship, children continually vacillated between faulting the resident for being unreasonable then faulting themselves for feeling the way they did. By holding the resident at least partially responsible for problems they were able to temporarily quash their self-doubts and buy time for the hope that the situation would "burn out cheap." When that seemed unlikely, children used "irreconcilable differences" to explain to themselves and others why the ideal of "real" friendship was not possible. This allowed them to manipulate their values, probably unconsciously, and focus their energies on the principle of doing good rather than on feelings of friendship.

In their discussion of models of helping and coping, a group of social psychologists (Feshbach, Fabrigar, Karwan, Gesser, Cohn, & Oliner, 1981) identified four types of helping, each type based on the rationale underlying the decision to help. One type, the compensatory model, describes individuals who hold themselves responsible for coping

problems created or suffered by others. These "compensators" are vulnerable to feelings of pressure and disillusionment over the long term. Like the children in this study, they look to "subordinates," or those they decide to help, for compensation. When such compensation is not forthcoming, the compensator may become exhausted or "burned out." In the coping literature, shifting goals, or "refocusing" (Pearlin & Schooler, 1978, p. 14) has been described as a way of relieving the pressure of various kinds of stressful situations. Thus, the children who turned their energies toward "beating through" the program, shifted focus, from the elder to the program, thereby moving away from the threat of failure to live up to their ideals (disillusionment), and applying effort in an area that promised success. In the next section, I will draw upon program observation data to show that children's behavioral coping strategies appeared to parallel their cognitive strategies in the pursuit of friendship with their elderly partners.

Using Friendship Work

It was difficult to disentangle coping actions from the on-going stream of children's behavior. Friendship procedures, and actions that I tentatively categorized as "coping strategies," seemed to meld together in episodes of interaction, especially during the early weeks of the children's experience. I dealt with this problem of the embeddedness of coping in two ways. First, I regularly asked children to describe what they were doing as they were doing it or as soon thereafter as possible. Second, I focused the behavior-based analysis on continuing sequences of interaction. For example, although I did not objectively measure child-elderly interaction, a review of field notes and videotape transcripts indicated that children became less inter-

active with their partners as early as the third or fourth visit. Open closer examination of data gathered during the first month of observation sessions, a shift from a fairly content to an intermittent style of keeping in touch with residents was observed in all children. That is, the children and their partners had produced a visiting pattern that was generally characterized by sequences of brief interactions with each other alternating with longer periods of co-presence, or what children and supervisors called "staying with" one's partner. During the intervals of non-interaction, the resident usually watched and listened while his young pal carried out the activity and interacted with other children.

When this intermittent pattern was examined in relation to children's descriptions and explanations of their experiences, it appeared to be a way of accommodating to difficult friendship events such as making conversation with the resident ("I run out of things to ask him.") and engaging him in activities ("He doesn't want to do anything. He says he just likes to watch."). In short, the children experienced their visits to a series of discrete advances and retreats from friendship work. The videotape playback procedure was especially useful for validating both perception and interpretation of these events with children.

At this point in the analysis, all friendship and coping domains based in observation data were reviewed by continually comparing each domain to all other friendship and coping domains. These domains were then integrated and organized into coping categories. For example, it was found that friendship domains I had classified as *Planning My Future* and coping domains I had categorized as *Coping* were part of a

large coping category I then called *Coping for Ways to Please*. After further analysis, it became clear that Coping was related to other processes I had labeled *Making It Fun*, *Feeling Resentment*, *Wining*, and *Blaming the Location*. Together, these five broad categories exhausted the behavioral variation in the data relevant to research questions about coping patterns. In turn, the five categories were conceptualized as parts of a process I called *Being Friendship*—the children's method of coping to come with the problematic situation of making others happy.

Coping for ways to please

All participants approached the task of starting a friendship by using a hit-and-miss (or success) search for ways to register liking to their partners and establish common ground with him. This form of action resembled the kind of problem-solving that psychologists call *trial and error*. I called this process *groping*. The term reflects a major theme in children's talk at the early club sessions and comes from one particular child who said, "I was groping around in my mind for some [conversation] topics. Then I copied some questions off of other kids out I heard them and I couldn't think of any." Generally, children's groping strategies were motivated by the desire to be accepted and liked by their partners. Accordingly, most tactics were directed toward finding out what pleased the resident in order to become pleasing to him. The following excerpts from field notes taken during the first reminiscence session illustrate a common groping strategy—"Interviewing" the resident by questioning him about his interests and telling him about theirs.

Lisa and Mr. Pappert

Liam: You said you liked reading?
 Mr. Pappert: Yes. I like reading.
 Liam: What kinds of books do you like?
 Mr. Pappert: Mysteries. I like mystery stories.
 Liam: You like mysteries? Oh boy?
 Mr. Pappert: Yes, do you?
 Liam: Yes, a lot! What was your favorite?
 Mr. Pappert: My favorite book is the Bible. Do you read the Bible?
 Liam: Yes. I haven't read the whole Bible but
 Mr. Pappert: I read it when I was in jail. I got into some trouble . . . didn't do as my parents told me. (He begins to cry.) I had a lot of time to read the Bible--and the whole thing. (He sobs.)
 Liam: Closes on silently for a few seconds, then she hands Mr. Pappert a paper napkin. He dabs the tears from his eyes, then wipes his face with the towel that was in his lap.) That happens to a lot of people.
 (Mr. Pappert sobs.)
 Liam: Want a drink? (pushes his cup closer to him)
 Mr. Pappert: I read the Bible every day. (He is continuing himself.)
 Liam: That's good. Most people don't take time to do that. (Looks out across the room) Oh boy. Let's see. What foods do you like?
 Mr. Pappert: Most everything. I like natural foods. They are better for you.
 Liam: "Natural foods" (She writes the information on her "interview guide" that she refers to from time to time to find a new question.)

[At this point Liam drops the interrogation format for awhile. She murmurs, "I'm going to be a peddlerician." Mr. Pappert responds by snorting but at length he studying hard and staring at school. Liam nods and supplies "the how" along the way as he continues. When he stops talking, she looks again at her list of questions.]

Liam: What kinds of animals do you like?
 Mr. Pappert: I like horses.
 Liam: Oh, no yes. I don't get to ride them too much now, but I want to start again. Did you ride?
 Mr. Pappert: Nope. I like dogs.
 Liam: My sister has this amazing dog. He eats every thing. One day her friend was over visiting and she just left her garage being a messhouse. I don't remember. And the dog took a dollar bill out of it. (She laughs.) He did were running after him trying to catch him, 'cause he had this dollar bill hanging out of his mouth. (Kelly overhears the story and laughs too.)
 Mr. Pappert: He has to be trained not to do that. (He chews on uncooked.)

During an interview the following day Lisa said:

I had a problem with him when he cried. . . . I just kind of let him do it. Then I tried to get him mind off it. I just tried to think of something to cheer him up. . . . I joked he never really smiles. He sat there the whole time like this (demonstrates a frowny face facial expression). He's really nice though. He asked me if I like candy and I said, "Yeah." He said will he's going to get the nurse to order a big box of candy for my birthday. Then another thing - when we were dismissed I asked him if he wanted us to take him back to his room, and he just wants to sit in the lobby. It was hard. I couldn't wait for the hour to get up. It seemed like we were there (in the lobby) for two years. He didn't want to go outside. I tried to bring up a conversation on Slovakia (the nursing home dog). He just like say there. (She pauses.) I guess it'll work out okay. [I asked her what her plans were for the next visit.] I don't know - just keep trying to cheer him up. I guess.

Rally and Mr. Jolly

Rally: What kind of animals do you like?
Mr. Jolly: Well, I like horses.
Rally: Oh, yes, I like horses too. I have five horses, staying in my backyard.
(smiles broadly) Oh, you do!
Mr. Jolly: Yes, I like to show them. I've ridden in a lot of shows. The highest I've gotten is third place, though. I haven't won yet.
Rally: Two trains 'nd
Mr. Jolly: No. We have an instructor who trains them . . .
(Later in the visit, she returns to the topic of horses.)
Rally: I live on a horse farm . . . I like to go to shows, help the farmers. Take horses in, take horses out.
Mr. Jolly looks at her and appears to listen intently.
(Nedra arrives at the table, calls Lisa aside. Everybody at the table stops talking.)
Rally: (picking up where she left off) Once I know what a horse was, I loved them.
(She talks about the horses her family owns. Mr. Jolly nods and smiles.)
Mr. Jolly: I worked with mules. We had a bunch of mules. They was stubborn like that many of years.
Rally: (Laughs and cries widely at Mr. Jolly) Gee, that's really sad.

The next day Rally spoke with enthusiasm about her first visit with Mr. Jolly. She referred to him by his nickname, "Reddy," and spontaneously described the interviews they shared in common ("He worked with

mile, and I work with horses.") She took great pleasure in telling us about the events that followed the structured portion of the hour:

After we introduced our friends [the residents] to everybody else, we got to do whatever we wanted. So we got our guys and just went all around the nursing home, you know, kidding. That was so much fun. Then he took us up to his room. He showed us his bag collection. He's got a whole bunch of bags [piled up, mostly baseball bats. That's his favorite kind. So for Christmas I know what to get him--a hat and a country music tape. He loves country music. [She giggles and seems very pleased with her "Christmas" plan.] See I was talking to mom and daddy and my mommy said, "Now we know what to get him for Christmas!" [Near the end of the interview I asked her what her plans were for the next visit. She struggled.] I can't remember what we're supposed to be doing next time [she planned activity], and I think we already talked about everything there's to talk about. I thought--and my Dad has this baseball bat that he got at a convention, and he never wears it. I thought I'd give it to Ruddy. He'll wear it.

Gift giving was another popular resident-pleasing strategy. It was more direct than offering and requesting information, and it tended to bring about at least a brief display by the resident of the kind of personal attention and positive feeling that children looked for. Both Lisa and Ruddy also chose to find out what pleased their partners by extending invitations ("Want to go for a walk?") and offering to "help" him or do things for him ("Want me to take you up to your room?"). These two strategies appeared to be motivated by the desire to make a difference in residents' lives and were used frequently by all children at the fall sessions. An experience with rejection, however, led some children to avoid making special offers of friendship for long periods of time; other children appeared to bounce back from rejection much more quickly. The reasons for the difference in reactions were not clear. Some children may have tended to blame any rejection on their own inadequacies ("I'm just not very good at the talking it up."); others, on temporary moods or circumstances ("Maybe he isn't feeling good

today."). Most children, however, gave both kinds of explanation of a rejection.

After their first week of visiting, the children began to appreciate the complexity of their mission, and it dawned on many of them that they might not accomplish all they had set out to do or derive pleasure from doing it. They continued to feel their way along provisionally, but they did not employ exactly the same strategy.

Breaking through. Some pushed forward, appearing to invent their strategies for a specific plan of action. These projects were aimed at what one child called "breaking through" a new and sometimes confusing situation to make contact with the resident and achieve some kind of "mission." Kelly, for example, gave the baseball cap to Mr. Jolly on her next visit. He exchanged it for the one he was wearing and showed it off to passers-by. She also began subconsciously associating a waterfall scene on another cap that was to be his Christmas present. On her third visit, she produced an envelope filled with snapshots of her family, her horses, and her riding instructor—all the things that seemed to capture Mr. Jolly's interest in her on the first visit. This straightforward approach was also demonstrated by Julia who appeared to work hard to bring Mr. Louder out of his depression. ("He has all these problems and the life he's in another world.") The following excerpts are taken from field notes recorded during the 4th week of the program.

- Julia: You know in one of my explanatory classes
 Mr. Louder: No how.
 Julia: art. I'm making you - it's a box for like some-
 thing special or anything like that?
 Mr. Louder: No how.
 Julia: And you could put all this stuff in it. It says
 money on it, and then it has a heart box, a
 heart box, (she gestures to describe patterns on
 box she is making) and a heart at the end, and

than a heart and a rainbow connecting to another heart.

Mr. London: So Sam,

Julian: and I painted the rest of it black.

Mr. London: I tell ya, Sampe, you can take that home car.

Julian: Okay (looks yes)

Mr. London: and I haven't got no place to put it.

Julian: Okay.

Mr. London: Thank you just the same.

[Julia brings the completed "box" to the next reactivation session.]

Julian: I made ya something.

Mr. London: You did?

Julia opens the brown bag she is carrying and pulls out a black-painted and brightly-decorated wooden box.

Mr. London: Now let's hear something. (He opens the lid.) Did you make that?

Julian: I painted it. See, it has your name on it.

Mr. London: Thank you, Julia.

[When Julia and Mr. London return to his room at the end of the session, he asks her to place the box on a credenza near his bed.]

Despite his grief over the death of his wife, his longing to go home, and the painfulness of his arthritis, Mr. London was never glib with Julia. In sharp contrast, Samson's partner, Mr. Field, was a grumpy man who continually rejected her indirect offers of assistance and invitations to participate in activities with her. He avoided her for allowing another resident to use his cigarette lighter and frequently complained about the way she positioned her wheelchair or speed it on and off the elevator. He was described by his nurse as an "unbattered man" who had owned and worked a large alligator farm until he suffered a severe stroke the previous year. Encouraged and coached by her grandmother, who was also a hospital volunteer, Samson focused her efforts on small, highly specific projects directed toward identifying Mr. Field's abilities. For example, to order to find out how well he could use the "carted" his vision by asking him what time it

was, showing him a selection of colored papers and asking him to choose a color, and so forth. Another example from an interview:

- Samuel: I used to ask him all the time what he wanted to do, if he wanted to help me. He always used to say, "No, you do it. I'll watch," or something like that. My grandma told me to ask him to do one specific thing. Then one day I just asked him to hold the paper for me while I cut it, and he did it! Then I started just saying, "Here Mr. Field, you do this while I do that." And he does it -- all the time now.
- Interviewer: Sounds as though you found a strategy for getting him involved.
- Samuel: Yes (with a smile).

Waiting for a break. Other children tended to coast along with the program, using it as a cover from which to reconnoiter the situation unobtrusively. Instead of moving forward on their own little projects they seemed to wait for a "break" in the situation or a cue from the resident telling them how to proceed. As an example, Lisa saw herself as becoming Mr. Pappas's confidante or only "real" friend in the nursing home, but she sensed a barrier to such confidence in his refusal to allow her to take him to his room and his tendency to use their conversations to impart knowledge and moral lessons rather than to talk about his personal thoughts and feelings. As Lisa put it, "He never talks about himself. He seems just plainly talks. And he won't let me see his room or take him for a walk." She did not think that it was appropriate to ask him personal questions, however, nor did she vary her usual strategies of invitation. Over the year, she settled into a pattern of "waiting for [the days] when Mr. Pappas [was] cheery" and "getting through" the days when he was "all depressed."

A particularly clear example of the difference between the "breaking through" and the "waiting for a break" styles of coping

occurred at the end of a meeting, when Kelly advised Lisa on how to accomplish a visit to Mr. Pepper's room. The girls had brought balloons to their partners and Kelly had suggested, "Let's take our gaze upstair and hang up their balloons and then take them for a walk." Lisa did not answer. She heard a balloon toward Kelly, and the girls volleyed it back and forth for several minutes. The researcher's field notes describe what happened next.

Kelly grabs the balloon, places it on the table and says, "Ready to go?" Lisa seems to hesitate, saying quietly, "He never wants us to take him to his room. I . . ." Kelly signals her wife and whispers in her ear. Lisa shrugs and walks back to Mr. Pepper. She hands him the balloon and assertively suggests, "Let's - how 'bout we go up to your room and put this up before we go for a walk." As she makes the suggestion she unlocks the wheelchair and begins to pull it away from the table. Mr. Pepper replies matter-of-factly, "Okay." Lisa, now behind him, seems surprised at his agreeable response, glances back at Kelly, then leans over Mr. Pepper's shoulder and says, "Want to?" Mr. Pepper nods yes and says again, "Okay." Kelly, who is all ready to go, motions Lisa forward, "I'll follow you." Lisa responds, "I don't know where it is. I've never been up there." Kelly moves ahead of her, touches Mr. Pepper's shoulder as she goes by and says brightly, "Follow your nose." [Mr. Kelly and Mr. Pepper are ruminative.] Lisa wheels Mr. Pepper slowly behind Kelly and Mr. Kelly.

During a videotape playback of the above incident Lisa recalled that Kelly had coached her on how to present her suggestion to Mr. Pepper. She explained:

I was scared he'd get mad at us 'cause I didn't know for sure whether he really heard what I said. You know how he expresses a lot and sometimes when I go, "Mr. Pepper," you know, to ask him something? He goes, "What?" (said sharply) like as though he's mad 'cause I'm disturbing him.

All children had difficulties taking a leading role in their joint negotiations with their partners. Although some appeared more outgoing than others, all displayed a degree of cautionness in their interactions with residents that was not evident in their interactions

with each other. The situation was a reversal of the usual circumstances of adult-child relations, and children might have been finding out how adults defined the situation or exploring for coloured areas into which a partner might be drawn in a status-inverted capacity. For several children, the situation was made even more unusual by behaviors that, in their view, were mystifying ("weird") but, in the nurses' view, were merely symptomatic of the resident's limitations or psychological outlook on life.

Hardly did the children seek information about nonverbal and actions that puzzled and disturbed them. Instead, they drew solely on their passive knowledge about "normal" social interaction to make sense of such behavior. It was "not nice," they explained, to ask questions about "a person who has problems." Nor did children question their partners directly about actions they believed to be "personal" and "private." They expressed worries, such as Lisa's, about upsetting residents--causing a resident to cry or become angry. Once again, children appeared to be concerned with the affectional qualities of their relationships with their partners. They were especially sensitive to cues recognized in a resident's body posture ("he just sits there"), facial expression ("he smiles a lot"; "he looks all glumpy and bored"), and tone of voice ("it's not like he talks and at me, just sort of sharp"). This sensitivity or cue-consciousness was reflected not only in their descriptions of events but in their actions as well. Here is the following field note Helman's vigilant attitude and the psychological explanations of Mr. Over's behavior that she is beginning to provide after seven weeks of visiting.

Helman wheels Mr. Over into the room, positions the wheelchair, picks up a long sheet from the pile on the table.

looks at it, then pulls an empty chair close to Mr. Dover and sits down. Other children are still settling in with their partners. Mrs. Ranker announces the program, "Pick up a song sheet there on the table when you come in. . . . These are songs that were sung during the war . . . and on Pearson's Day. We will start with the first two songs." Melinda glances at Mr. Dover and holds up the song sheet between them, pointing to the words as the singing begins. Mr. Dover says, "I can't sing too good." (He looks around the room.) "You keep that stuff." (refers to sheets of music) Melinda (singing) flips the page to mark song to keep up with the group. She still holds the sheets so that Mr. Dover can see them, glances around the room, then takes a sideways glance at Mr. Dover. He does not join in the singing. [The singing group while Mrs. Ranker selects another song.] Melinda says, "Can you sing the words okay?" Mr. Dover answers, "I don't read 'em."

[After the songs, Mr. Ranker tells the children to spread out for refreshments. "We have cake and homemade ice cream to celebrate Pearson's Day."] Melinda stands, moves behind Mr. Dover, and begins to push his wheelchair. He asks, "Where are we going?" She explains, "Just spreading out so we can eat." She pushes Mr. Dover to the end of a table. He complains, "Can't we move from here. I'm too hot." Melinda seems uncertain, "Where should I go?" Mr. Dover points to the end of the room, "Over there." Melinda wheels him to the other end of the table, then asks, "Do you want anything to eat or drink?" He replies, "No, not now." She goes to the refreshment table, returns with a drink and a serving of cake and ice cream for herself. Mr. Dover is chatting with Mr. Daly who says to Melinda on her return, "I suppose you want us to move too." She shrugs, places her refreshments on the table, and steps back a few inches (rather than taking her seat). When Mr. Daly is served a drink, the conversation between the two residents ceases. Melinda slides into her chair and reaches for her plate. Mr. Dover then says, "I want something to drink now." Melinda jumps up, "Okay." She returns with a glass of punch. "Is that okay?" Mr. Dover nods, begins to sip at the drink. Melinda sits down, pauses, begins to eat her cake. Then Mr. Dover asks, "Could you take us to there?" (He points to the dining room beyond.)

Melinda steers her way through the room, pushing Mr. Dover (in his wheelchair) into the empty dining room area and away from the group, until he says, "Okay. This is fine." She touches the arm of the wheelchair as she says, "I'll go get my stuff." Mr. Dover suggests instead, "You go get your ice cream before it melts. I'll be okay here." She seems to hesitate, then walks back to her chair, turns it to Mr. Dover's direction, sits down, and eats her cake and ice cream by herself. She returns when Mr. Dover's drink is to the table, and takes it to him. He accepts the drink, "Thanks, honey, that'll be fine." She returns to her place, finishes her cake and ice

room, then picks up her drink and returns to Mr. Dover. "I'm finished," he responds. "Good, just move that on you." Melania smiles. As she reaches for a chair, he says, "I think we can leave now. Would you like to take us out to the front?" Melania surveys the room. [Although it is only 3:45 p.m., the session appears to be over.] "Oh, okay." She wheels him down the corridor and out the front door.

[Later, when she returned to the lobby, I asked her how she would describe that day's visit. She replied, "It was kind of okay. I don't think he enjoyed the singing part too much, and he said it was too hot. Maybe he says that because he doesn't like people. . . . I don't know what he wants sometimes, like when he says he wants to move. I think the best part for him is when we can go outside. He's more an outdoor person."]

Melania was described by her teachers as a "shy and caring youngster who [was] trying hard to overcome her shyness." Throughout the program, she demonstrated a general preference for the smiling style of groping for ways to please Mr. Dover. In this episode, however, we can see how closely the discomfort in her approach related with Mr. Dover's responsiveness. When he responded positively, she quickly took the next initiative; when he declined her offers of help and moved away from the room she withdrew to wait for a cue telling her how to proceed. All children displayed the same sensitivity to their partners' responses, especially during the fall months. Consequently, in the face of repeated perceived insensitivity or rejection by residents, children generally became more passive in their pleasing efforts. In response to acceptance and reciprocal efforts to please by residents, children generally became more active.

Over the course of the year, children discovered through their various groping strategies which actions and activities pleased residents and which ones displeased them. Yet they did not appear to extend their insights into how or why certain ways of acting and certain consequences were connected. As a result, the children remained

materials about what they were accomplishing, and they experienced continued difficulties integrating their personal knowledge of their partners with program routines and group activities. These difficulties were striking during the planning sessions. Here, children proposed one idea (or activity) for the next vacation session after another, as if shooting in the dark for something that seemed relevant to the majority. Field notes taken at a rich session 3 weeks prior to the close of the project are typical of the hit and miss process that characterized planning throughout the year.

- Mr. Francis: We decided on balloon day for next Tuesday. What do you want to do with balloons?
- Class: We could make faces, you know, real faces - happy faces - letters - no old person!
- Mr. Francis: (sees the group, waiting for other ideas) That's how we do it. We decide on something here on Friday, then when we get there on Tuesday, there's nothing.
- (The children are silent.)
- Mr. Francis: (to him) How we are going to do this?
- Jennifer: I know how.
- Class: We could get construction paper and cut out faces and stuff.
- (More silence)
- Class: This might be an idea. We could decrease the guy's shoulders and attach a balloon to it.
- Mr. Francis: Sounds like you've come up with something. What about another balloon relay?
- Any: No-hurrying.
- Arday: We just did that. Lots of guys can't really participate.
- Mr. Francis: Okay. Come up with something else.
- (Silence)
- Mr. Francis: What about talking about countries? We were going to do that - only did Italy and we didn't go any more.
- Class: Scraphunks. We could bring scrapbooks, you know, with photographs about trips we've taken.
- Summer: Not the way we did it before with one person getting up and talking, "This was my trip to Germany."
- Mr. Francis: That doesn't involve the guys very much?
- (No response)
- Mr. Francis: Who does any have a trip that you can talk about?
- Scrapy: I know all the 5th graders went to Washington.

- Samson: It was so boring though. All we did was walking and standing in the sun. It'll make the game bored.
- Mr. Francis: Relax your hands if that's what you want to do - talk about a trip with your guys.
- Liam: What do we do?
- Mr. Francis: (sighs) Talk to your guy. Bring a photo album or something or something. How many are gone for that?
- (Four students relax their hands.)
- Mr. Francis: These shoes hands are done. What do you want to do?
- Julia: Something with balloons. Softball.
- Liam: I don't know whether this would work. We could put their names and our names in balloons. Fill them with helium and let them go up to the ceiling. Then we have to find the balloons that match.
- Mr. Francis: Where do you get the balloons?
- Liam: (shrugs) I know there's gotta be a place.
- Julia: There's Trivial Pursuit.
- Mr. Francis: Have heard about?
- Sherry: It's kind of boring that way, just taking a guess to the table.
- Jennifer: Crafts?
- Sherry: Mr. Samson won't participate in anything unless we play games outside.
- Liam: And up you couldn't do the games at all. Some of the guys ain't do it very well.
- Mr. Francis: Well, what's the final vote? We have balloons, softball, crafts, trips.
- (Silence)
- Sherry: My guy doesn't get out that much. He can't take the sun. I guess softball would be okay as long as it's in the shade.
- Jennifer: My guy's always cold. He doesn't like to go outside 'cause he gets cold. He says, "I'm cold. I'm cold. I want to go in. I'm cold."
- Mr. Francis: Let's take a vote.
Softball (he hands up)
Trips (4 hands)
Softball (3 hands).
Okay, so when we go there on Tuesday, they have the softball?
- (The children nod yes)
- Mr. Francis: You're going to remember to include your guy?
- Liam: We have to.
- Mr. Francis: Well, it's not going to remind y'all or show you how to include your guys. You should know how to do that by now.
- Jennifer: (sarcasm) Well see, Mr. Francis, it's really really hard with a lot of the guys. So many times they don't really seem to be involved --like they don't want to do anything. First

when they're like that you feel like you're doing something wrong. Then you feel that maybe they're bored, and they should be talking more. But when they're talking you can't understand them, and when they're not talking you don't know what to do.

Ms. Francis: All of you really stayed with your guys last year. I don't like to have to remind you all the time to do that. If you did that though, I think you'd find that you could get them involved. You have to think about things to talk to them about.

(Silence)

Ms. Francis: Anything else? You know what you're doing on Tuesday?

(Other children are entering the room for the next class. A few of the student volunteers nod "yes" or respond "definitely" to Ms. Francis' question as they leave.)

Groping was the most common kind of coping behavior employed by children in this setting. It reflected the tentativeness of their explanations for why residents were difficult to engage in friendship, and it appeared to be closely related to the uncertainties they expressed about their accomplishments. However, there was no simple consistency in individual children's responses to the realities of making their elderly partners happy. Every child displayed an array of other strategies. When these behaviors were analyzed across children, and fell into one of four coping patterns: Making It Fun, Feeling Insecure, Hiding, and Blaming the Resident.

These four kinds of coping behavior were more conspicuous than the groping process. Frequently, they were carried out by two or more children together. Collaborative strategies among children were more fluent and generally livelier than private negotiations between children and residents. Consequently, they were readily discernible and, as the term suggest, infused children's actions with a playful, even capricious quality that was often perceived by adults in the setting as "irresponsible," "laughing," "disrespectful," and so forth. At their

best, Making It Fun, Feeling Better, Hiding, and Mixing the Positive were indistinguishable from children's conscious friendship strategies. As we shall see, however, the same behaviors could also be employed as methods of stopping any true friendship work in difficult circumstances.

Making it fun

Children saw themselves as responsible for making the residents happy. To achieve this goal, they worked to form friendships with their partners and produce lively programs that would relieve the boredom of nursing home life. They claimed that "being fun things" was an important element of their role. As Kelly said, "It's not just doing one more stupid and boring thing. We try to do something that brightens up their life, liven up the day." Children defined "fun" in terms of moments of shared, pleasurable activity. Consequently, their perceptions of a successful program were closely tied to observations of smiling, laughter, talking, and lively action among residents in response to the day's activity. "It's fun for the pair," Julia commented, "when the guys really get into it." Ray explained more fully why fun was important.

We want to be fun because it liveness them up. It's almost like getting active and having a good laugh makes them open up more, bring them out of themselves. They feel better and feel not so lonely because we're all having fun together. And that makes us kids feel good. It's like, "Wow, we're really got it together today."

Making It Fun, then, was a key friendship strategy. It corresponded with children's beliefs about the therapeutic effects of friendship and their expectations of shared positive feelings between friends. Also, it reflected their concerns with engendering liking; for, as Elie pointed

out, "When somebody else's guy looks like he's having fun and your guy doesn't, then you think maybe he doesn't like being with you."

Observations at the planning meetings and motivation sessions revealed that children chose activities that were compatible with their definitions of fun and the happiness orientation of their friendship goals. They spontaneously selected action-based over discussion-based projects and tended to repeat games and playful kinds of activity that had previously brought smiles to the residents' faces and vitality to their actions. They attempted to accommodate their partners' limited abilities by modifying the materials or procedures of a familiar game in ways that would make it easier and safer for residents to participate. For example, they learned to substitute a regulation ball with a balloon for games such as volleyball and dodgeball. They used a megaphone to call out instructions, quiz questions, or the running scores of a competition among "teams." And they divided tasks between themselves and their partners according to the residents' abilities. Over time, residents often declined children's invitations to activity, saying, "You do it and I'll watch." When the resident did indeed "watch" or pay attention to the project underway, the child found the arrangement satisfactory. Sally explained:

It's a little easier now because I know him a lot more and I know what he likes and we figured out fun ways to do things. Like at first I always tried to get him to do the projects with me. Like I'd ask him to shoot. He always said, "You do it and I'll watch." Sometimes he'll do a little thing here 'n there but mostly he just likes to watch. He always watching. You can tell 'cause he's always looking and smiling.

As the year progressed, most child-resident pairs appeared to adopt a similar, complementary arrangement for carrying out the day's program. Increasingly, children took the role of performative elders took the role

of observer or audience. At the club meetings, the children continued to speak about doing things jointly with their partners. In actual practice, however, they began to see themselves as "entertainers."

"We try to do things that the guys can do, but the guys can't do very much. So we'll let them watch us do a skill or play volleyball or whatever. It's not wonderful, but you know sometimes they just like to see us having fun. It's sort of like an entertainment thing where you entertain your guy and then you can also - it's kind of a way of helping them, sort of like a therapy for them.

The children were especially sensitive to behaviors in the residents that indicated lack of attention or waning interest. One of the ways that they dealt with this problem was to become more entertaining (or less boring)--to "act" happy, to "act younger" than they were, to "say silly things." As Lynn explained, "I have a hard time doing that because I'm not outgoing enough, I guess. But it's so the guys won't get bored." Also, they quickly abandoned activities that, in their view, "bored" as far as the first time around. For example, when Kim Beach suggested that they perform a skill for one of the next sessions, the children unanimously opposed the idea. "The skills are fun for us but boring for them," Nancy argued. Lisa agreed, "Yeah. My guy always leaves early when it's something boring." Another child added, "They get up and walked out right when I was up there [performing]." Lisa continued, "You know when we did the news broadcast? Kim left even before it got to my part. So he didn't get to see any of it!"

Telling themselves that the resident's experience of fun was at least partially beyond their control was another way children dealt with signs of boredom or inattentiveness.

Interviewer: What do you do when you notice that your guy seems bored or looks as though he's not enjoying it?

- Child: They're probably not going to enjoy all the things.
- Interviewer: That would be too much to expect?
- Child: Yeah, I mean no one would expect that.
- Interviewer: So are you saying that when you notice that your partner is bored you say to yourself, "Don't worry about it?"
- Child: We still have to do it 'cause that's the program, that's what was planned at the club. So you can't change to another program just 'cause they're bored.
- Interviewer: Do you feel disappointed when you notice that a program isn't working out?
- Child: Everyone would. But it's nothing to worry about.

Another child answered similarly, then added, "That's just the way they are."

Being It Fan was not only a defining characteristic of friendship work but also an antidote to almost anything that children found uninteresting, difficult, or disappointing. Even those who had formed satisfying relationships with their partners said that it felt uncomfortable, even inappropriate to devote their full attention to the resident for the entire hour. One particularly open child revealed that after her first month in the program she had had to work on staying with her partner and talking to him.

There's all these friends of mine around as you know, and I think oh, hey, why don't we go outside and do something; or come let's get up and go somewhere. I know a lot of kids do do that. It's hard not to use the time for talking to your friends. It makes it more fun and it's a good way to keep yourself going. My guy will say a few words or do a little something when I work on him. But as soon as I stop, he just sits there.

In some instances or "boring" situations children's fun-making involved physical activity (holistic play); in others, joking and chatting among themselves. Both kinds of relieving action were used by the younger children, whereas the four oldest ones tended to stay seated

with their partners, physically enveloping them in their cliques and then talking to one another.

Feeling resources

Feeling It Fun shaded into another popular coping strategy--feeling resources. This strategy was observed in all children. In part, it appeared to owe nothing to the program, being oriented, instead, to the ethos of the peer group. On the other hand, by pooling their resources children appeared to assist each other and stay longer to the tasks of friendship work with elders under difficult circumstances. The strategy generally took one of these forms: sitting together, confiding in each other, and going with one another into unfamiliar areas of the clinical setting and intimidating situations.

Sitting together. The predominant activity structure of the program was the small group. Usually, three or four child-resident pairs gathered around a table to begin each session with snacks and conversation. The composition of each group was determined by the children. Classmates and friends selected one another as table companions, and, as the year progressed, the membership of each group tended to stabilize. In effect, sitting together appeared to be a condition of friendship. As an example, one child in the primary research group, Julia, reported that her "best friend" was "getting really mad" at her. "Sherry wants to sit with me," she explained. "And I can't even sit with her when I'm in the research group." A week later, a tearful Sherry implored me to allow her to sit "at the research table" when the next interval of videotaping got underway. "We are friends," she argued, "and friends are supposed to sit together. But I'll be all by myself again." For Sherry, sitting with Julia also

and became a way of dealing with the difficulties she was experiencing in her work with Mr. Roland.

Sitting together was the most common method of coping with the difficult conversation period. When interaction with their elderly partners lagged, the children talked to each other. Their shared experiences provided them with a rich store of topics which, on occasion, triggered ideas for conversation with residents. By shifting from the group context to the resident and back again, children created a string of brief episodes of conversation with their partners. Also, the group lull between these episodes allowed them to fill awkward silence and escape ponderous conversation with aides. As Lynn talks out:

I wouldn't enjoy it as much if I sat by myself, but being with my friends and all the guys together, all of us talking conversation, that helps me a lot. I have a hard time talking to Mr. Tristen when I'm by myself. He only talks if I say something first and I have a hard time thinking of things to come up with. I like it when we sit there and talk all together. Then I can get some ideas. And he does too sometimes!

The following excerpts from field notes illustrate how both children and residents used the children's table talk to initiate brief conversations with one another:

From an October session which took the form of a birthday party for one of the residents:

[Jilly, Lisa, Julie, and Mr. Pepper have been talking for several minutes about television programs. Mr. Jilly and Mr. Landers have been silent.]

Julie: [Turning to Mr. Landers] You watch TV too, don't you Sam?

Mr. Landers: Yeh.

Julie: What do you do after TV?

Mr. Landers: Go back to my room.

Julie: And watch more TV?

Mr. Landers: No, don't have TV in my room.

Julie: Oh. That's right.

[A few minutes later the three girls are discussing the soap operas.]

Julia: My dad doesn't like soaps so I watch them when my mom is home.

Mr. London: (smiles to himself and turns toward Julia) Your dad doesn't like what?

Julia: The soaps--the soap operas on TV.

Mr. London: Oh. Soaps like a smart man.

Julia: (laughs) Don't tell him that. (She places her hand on his arm and gently shakes it. Mr. London chuckles. (She leans forward on her elbow and close to Mr. London.)

Julia: You sat back here, Henry?

Mr. London: I sat right down there at that last table, right over at the back there.

Julia: No.

From a January session which centered on the theme of the South's citrus industry.

(Julia, a new child in the program, has been partnered with Mr. Pepper in Lisa's absence. Sally has been paired with Mr. London in Julia's absence. Tim joins the group after visiting his partner, Mr. Noyes, who is in hospital. The children talk among themselves while working on an art project associated with the day's theme.)

Tim: My dad loves pineapple.

Sally: I had pineapple just the other night. It was good.

Josie: We had pineapple Wednesday night and it was dry. It didn't taste too good.

Tim: I've had some good pineapple juice. You know how you can buy it in the can?

Sally: Yeah.

Josie: Oh. The sweet stuff? Fresh.

Tim: It's cool juice, no sugar added.

Josie: The natural kind is good.

Mr. Pepper: It's delicious.

Josie: (looks up from her art work and leans forward, almost as though she is trying to catch Mr. Pepper's attention) In Hawaii, at this hotel . . . somebody would come and bring you fresh pineapple and you could take all you wanted and it was really fresh.

Mr. Pepper: That's the way to eat it. (He calls her a similar anecdote.)

Josie: When were you there?

Mr. Pepper: I was there a little while during the War.

Julia: I was born in Hawaii, and I stayed there most of my life.

Mr. Pepper: Are you from there?

Julia: Yeah. It's really pretty there, isn't it?

Mr. Pepper: Could you? Really pretty.

Jodie: He has, really pretty. (She turns back to her art work.)

A review of the videotapes indicated that many child-adult interactions ended more abruptly, with the child gazing perplexedly at the resident for several seconds and then turning her attention elsewhere. Consider the following brief exchange:

Jodie: (completes her drawing of an orange and holds it up in front of her.) There's our novel orange.
 Mr. Pepper: I bet you didn't know that tomato is a fruit. (He is not looking her way and probably did not hear what she said.)
 Mr. London: (facing Jodie) That's good.
 Jodie: Thank you.
 Mr. London: A good drawing.
 Mr. Pepper: Did you know that?
 Jodie: No, I didn't.
 Mr. Pepper: Tomato is a fruit.
 Jodie: That's interesting. I didn't know.
 Mr. Pepper: Not.
 Jodie stares at him, looking puzzled, then asks Kelly what she should draw next.

When these exchanges were examined in relation to the child's description of the event, I discovered that in most cases the child had not understood the resident's speech, or had sensed an unexpected shift in focus or style of interaction which she could not understand. Children rarely asked residents to repeat what they had said. When asked why they did not do so, they typically explained that it was "not nice to keep asking them questions." Here again, children drew upon their beliefs about what it means to be polite (or kind) to determine how to act appropriately. By sitting together, they were able to slip back into the group context, mitigating the discomfort of not understanding and not knowing what to say or do next.

Going with one another. The children were intrigued by the alleged setting and spoke with excitement about events they observed during group tours of the facility and their visits to the residents'

room. But they were fearful of entering unfamiliar areas and new situations on their own. Such novel occasions arose often during the early weeks of the program when children were required to seek out partners who were not waiting for them on the first floor of the nursing home. Part of the problem was the fear of getting lost. More disturbing, however, was the possibility that a severely unsuspecting patient might call out to them as they passed by. To cope with these initial fears and uncertainties children went in twos and threes to find their partners. They were frequently observed sticking closely to each other, hurrying past patients in wheelchairs lining the corridors, and huddling in an out-of-the-way spot from which they appeared to study the activities of patients and staff. One child asked me if "those persons (the patients) could be dangerous," another, if "they have fins." Ten children were overheard plotting their course as they stepped off the elevator.

Jennifer: Mine's down there, at the very end.

Karen: Mine's down there (she points to the opposite end of the corridor).

Jennifer: Okay. Let's go get Mr. Jones first. Then we'll all go and get Mr. Andrew.

Karen: That way we'll be going by them (the patients in wheelchairs) twice.

Jennifer: Yes. But we'll be together.

The children quickly became oriented to the physical environment of the nursing home; however, they continued to accompany one another on excursions beyond the first floor. This behavior may have been flavored by the clear enjoyment of the social experience of meeting challenges together. But, over the course of the year, it appeared equally to become a kind of individual response to particular circumstances. In the early spring, I discovered that children still felt intimidated by

many situations that arose beyond the group context. The discovery occurred shortly after an effort by the supervisors to correct the growing problem of tardiness and disorder at the reactivation sessions.

The supervisors' initiative began when Mr. Francis called a meeting at the school. Among other things, she directed the students to go on their own to find residents and to "buddy down" to the program. Several children agreed that such rules were necessary to start the sessions "on time." These youngsters worked with residents who were always waiting in the lobby or dining room for their arrival. Other children argued that the rules were "unfair." Many also had not previously complained about partners not being "ready" for the program began to do so. I asked various children what difficulties the "unprepared" partner posed to them. What emerged from these inquiries was a consistent picture of situations that children found intimidating but manageable in the company of a friend. Though there were several components of an intimidating situation, most involved either anxieties about approaching staff and other adult strangers or fears of sickness and death. For example, Karen said that she felt "very uncomfortable" about entering Mr. Andrew's room when he had "all these visitors." (He often had visitors when the children arrived.) Diana recalled standing at the door of her partner's room and "peeking in" to see if his wife was there. "Maybe it's just me," she said. "She's really very nice. But now she comes on Wednesdays and I don't have to worry about interrupting her visit. I need to wish I could just go back down."

Children felt timid about going to the nurses' station to seek information or assistance. As Tim explained, "There's all these people there and they look real busy. You're sort of embarrassed to ask them

your little question and you don't want to bother them." Much earlier, the following incident was recorded in field notes:

Sherry enters Mr. Roland's room, returns to the corridor, looks around, runs toward Kelly who is entering Mr. Kelly's room. "Have you seen Mr. Roland?" Kelly shakes her head. "No." Sherry asks, "Where's Jilly?" Kelly responds, "She's already down there." Sherry explains, "I can't find Mr. Roland. He's not in his room." Kelly suggests, "Go ask at the desk." Sherry steps back, "I don't want to." Kelly chides, "Why not? I dare you." Sherry answers, "You come with me." Kelly hesitates, then says, "I can't. I have to go see Mr. Kelly. He's sick you know." Sherry presses, "You're just scared." Kelly giggles, "Of what?" Again Sherry asks pleadingly, "Please. Come with me!" Kelly relents, "Okay." The two girls go to the nursing station and stand there for several seconds, apparently unnoticed by the secretary and two other staff members. Kelly pokes Sherry with her elbow. Sherry pokes back, then says, "Excuse me." The secretary looks up and Sherry tells her that Mr. Roland is not in his room.

In an interview with Kelly at the end of the year, I asked, "What did you like least about the program?" Immediately, Kelly located the "rule" that had been set regarding the children's contact with their partners. When asked how the rules made children's work difficult, Kelly recounted the above incident as an example of children "teasing" each other.

Interviewer: And the rule saying that children must work alone interferes with that?

Kelly: Yeah. See sometimes if your guy is sick and you go to his room and he's not there and you don't know--well then you have to go ask the nurse and sometimes you're embarrassed to ask the nurse and you're all by yourself 'n everything. That's why people like to take a friend up with them.

Interviewer: Let's see. People like to take a friend with them because?

Kelly: Because (pauses) you don't feel too strong all by yourself. So you take a friend in--to borrow (brings) some strength, I guess. To get up your courage.

Kelly revealed that she too had asked Lisa and Julie to accompany her to Mr. Harvey's room at times when he was not yet out of bed. "[

get scared when I see him lying there," she said, "because he looks like he's dead. He's almost a 100 [years old] you know, and maybe one day he will be dead when I get there." (Her first partner, Mr. Jilly, had died in February.) Other children spoke about not knowing what to do next when they asked nurses where the resident was and the nurse did not know. "So you go looking," Harry continued, "and then you get scared because you think maybe he's real sick and you'll have to go to the hospital to see him." (Her partner had been hospitalized with a bleeding ulcer.) "Yeah," Jennifer agreed, "or maybe he died, because his bed looks real neat." The two girls recalled that only the week before, Jone had learned while looking for her partner that he had died the previous evening.

It was evident that the children readily understood one another's "worrying" and "scary" experiences. Even those who did not personally undergo the particular circumstances of each situation claimed that the new rules disadvantaged other children unfairly. For example, Jelle said that she was "lucky to have Harry. Some kids have a really hard time because their guys are never down there. Harry doesn't mind if I go help someone find their guy. He said so." Few children, however, agreed that group discussion of fears and uncertainties might be helpful. "First of all," Jay explained, "it wouldn't do any good."

You'd still have to do it, and you don't want to look like a wimp. Maybe at first it would be good. But even though you're scared, it's fun when you get so you can do things you never did before. It's like, "hey, we're growing up."

In the children's view, then, understanding what such a situation frightening seemed less important than having the assistance of a peer to meet the challenge head on. Helping each other also kept the work in

children's hands and fulfilled an important obligation of peer friendship.

Confiding in each other. Children were seldom observed directly confiding their troubles to one another. Those who sat together, however, appeared to be intensely aware of each other's situation. The three girls in the primary research group were frequently observed signalling one another with subtle gestures, suggesting shared feelings and understandings. For example, at a late January session, place was served in keeping with the "Italy" theme of the day's program. After taking a few bites of her pizza, Lisa left the table to get instructions for the activity. While she was away, Mr. Pepper ate her piece of pizza. When Lisa returned to the table, she looked at her plate, then at Mr. Pepper, then at Julia who was covertly trying to get her attention. Using head and eye gestures, Julia "told" Lisa that Mr. Pepper had eaten the pizza. Lisa slumped back in her chair and, maintaining eye contact with Julia, first looked apathetic, then disgusted. Julia nodded in agreement. Neither said a word during the interchange.

Other kinds of indirect evidence of confidences accumulated over the year. For example, Nancy had been asking to be included in the research group. Then one day in February she approached us and said, "You know what? Billy doesn't want to be in the research any more." Julia, who was standing nearby, swung around, looked Nancy steadily in the eye and said, "She's only joking." Nancy quickly responded, "I'm just kidding." During the interview, children consistently deflected questions concerning another child's residence or experience, especially when the child of interest appeared to be having difficulty. Most sensitive and private was information about children disclosing their

partners. When these children themselves revealed their problems to us they also spoke about the friend who was their confidante.

During the videotape playbacks, the practice of confiding in each other was discussed again. Generally, it was not employed to solve problems but to feel better about having problems. As Lynn explained, "It just helps to share your problem with someone who wouldn't think you were a bad person."

Hiding

After a time, children began to appreciate the obligatory aspect of membership in the program. They knew they were expected to participate for the entire school year, and any attempt to drop out was viewed, by the children themselves, as a violation of the basic terms of signing up. They were frequently reminded by adults of the moral features of their work—selflessness, respect, responsibility, and so forth. Also, despite their problems, the children still seemed full of lofty ideals. Therefore, they could not refuse or leave an assignment, nor take days off without fear of losing face. When they were experiencing problems, they had to find a way of coping that would allow them to meet their obligations or at least appear to be doing so.

Hiding was one of the few ways children could escape unpleasant situations and avoid events they were expected to be difficult. It refers to acts of "trickery" or disappearance from the scene of the restorative exercise. It also refers to a kind of absorption in activity that seemed contrived to discourage something else from happening.

The younger members of the group escaped difficult and embarrassing situations by leaving the room without notice and hiding

in the westroom, outdoors, or elsewhere in the nursing home. This was a response, primarily, to perceived indifference in a resident or to difficult communication. It often occurred when the day's program had ended, and children were instructed to use the remaining time to do something of their own design with their partners. When residents declined children's invitations, the children drifted into hallway play. This behavior usually brought about corrective action by a supervisor. Flipping out of the room sometimes worked as a less aversive alternative. An example of the escalation of hitting behavior is captured in this excerpt from field notes taken in early May.

The group sing-song [the day's program] ended. No, Francis announced that the kids had to answer to "do something with your guy." Each of the three girls [Nancy, Jennifer, Karen] asked her partners if he wanted to go for a walk. All three were declined—"too cold"; "already was there." The three girls leave the table, get into a huddle a few feet away—discussing something; seem excited—each gesturing. After several minutes they return to the table, and Jennifer announces, "Okay, we're going to do a story. Okay?" Mr. James nods. Mr. Andrew puts his hand to his ear, "What's he hear that?" Jennifer repeats, "We're going to put on a little skit, a play. It's about this ball. Nancy is holding a basketball-sized rubber ball and it's lost. We'll go over there and you watch." The girls perform for 2-3 minutes; the men begin to lean around the room. Nancy's partner combs his hair. The "story-line" of the skit dissolves into ball-keeping; the girls move into the corridor. "They're not even looking any more," Jennifer says. "Let's take it outside," Nancy suggests. She backs down the corridor and around the corner to the front door. Jennifer and Karen follow. Mr. Francis calls them back, "Where are you going?" Jennifer answers, "The guys don't want to do anything. We were just going out for a few minutes. We were coming right back." Mr. Francis directs them back to the table, "Well then just sit and talk to your guys."

Jennifer later recalled the incident saying, "We did something we shouldn't have that day. But you just sort of went to get up and get away when nothing seems to get them interested."

Because hiding by physically leaving the scene was usually noted and corrected by the supervisors, it only offered a few moments of respite from harassment or unpleasant interaction. Hiding in the activity, however, was more subtle. Sally, for example, disliked Mr. Harvey's "monotone" stories about his war experiences. More irritating to her was his "bragging" about the attention paid to him by university students and the press. When she could not escape sitting with him, she appeared to busy herself in a craft project or loudly orchestrate the peer interaction at the table. This is not to suggest that she was "making" the impression of working at friendship; clearly, she was not. Instead, she was making it almost impossible for Mr. Harvey to get her attention. "I just hate it when he gets up real close like this," she said, holding her hand up to her nose. "Besides, his breath smells real bad when he talks."

All children disliked being assigned to a new partner. By the end of the fall term they fully appreciated the responsibility they had assumed and the struggle involved in becoming accepted by a resident and finding someone grown with him. They were also reluctant to accept responsibility for a resident in another child's absence. They attempted to avoid such assignments by hiding in the restroom or in "helping" other children gather residents from the second and third floor rooms. Others appeared to "work" their table group as if to hide evidence of an entire space. The following comments indicate the use of hiding to cope with these circumstances.

Julia: I don't like it when they ask you to take another guy--a new guy. They just expect you to go with someone else's guy whose pal isn't there and that's hard for me to do. I don't feel like I can just go up to him and say I'm his pal today. He's like a total stranger.

- Interviewer: I've noticed that look on kids' faces. It's
 Julie: (laughs) Help! Here they come. Where are I
 hide? You got it.
- Tim: I don't like doing that [taking another child's
 partner for the day].
- Interviewer: What do you do when that does happen?
- Tim: Wish I could become invisible. Try not to get
 picked. It doesn't always work. So then I
 just do it.

The hiding strategy was not as common as free-riding or pooling resources, although, on occasion, it might also have been operating as a latent function of the other two strategies. For example, "hiding together" and other forms of collaborative coping allowed individual children to slacken their efforts, substituting the group presence for direct interaction with a partner. To illustrate, Amy insightfully described a kind of diffusion of responsibility or, in her terms, "hitchhiking" that members of the senior clique regularly allowed one another. That is, the members of the middle group did not always pool their resources for active friendship work but, instead, used the small group to take respite from their personal responsibilities. In such instances, a "free rider" effect (Solomon, 1988) developed whereby one of the team members expected mixed effect, just going through the motions of teamwork. Obligations and routines appeared to serve a similar distancing function when friendship work became difficult or impossible.

Ending the routine

It slowly dawned on a number of children that they were not going to form the friendship they had envisioned with their partners. At least three children even learned to dismiss the resident, perceiving him as "uncooperative" or incapable of helping them to accomplish their goals. As we saw earlier, when children did not develop some sense of

animosity and positive feeling with their partners, they produced attributions of responsibility for "failures" that allowed them to justify their declining attention to the resident. Personality differences, they said, made friendship almost impossible. They used moral imperatives to explain their nevertheless exemplary attendance record, implying a shift to the obligatory dimension of the experience ("It's for the whole year.") In actual practice, they merely went through the motions of friendship work. "I just go get him, put him there, and put him back," Sally admitted when asked how she coped with her negative feelings about working with Mr. Harvey. "I don't even ask him if he wants a drink any more," she added. "He always says no, and I don't think he'll die of dehydration." Similarly, the grieving ritualism in Lisa's work was closely related to her feelings of frustration with Mr. Papper. As she explained,

When I go there knowing it's going to be an activity he doesn't like, I wish he wasn't be there. I know he's not going to put in any effort. So when he wants to go out to the lobby to smoke, I just take him out and come back and go with somebody else. I'm getting fed up trying to make him happy. When he's cheery, he's fun to be with, but it's been going downhill.

Widening the routine was basically a survival strategy. When children began to distance themselves psychologically from their friendship projects, opportunities for physical withdrawal were limited. Withdrawal from suspended interaction with the resident, however, seemed to allow them to "get by" until their membership in the group "expired" with the closing of the program at the end of the school year.

The children also used various forms of ritualism to "lay claim" for a situation to improve. For example, Tim, Debbie, and Julie worked with residents who were absent for several weeks due to illness as

injury. All three children attended every session during their partner's long hospitalization, but not one of them wanted to be assigned to a new partner. As Jella explained, "I just keep going and going 'cos they said for sure he'd be coming back." (Mr. London had undergone surgery for a broken hip suffered in a fall.) "I don't want them to give us a new guy. My dad says Henry needs us even more now because he's been through a lot. Besides it takes too long to get to know somebody." When Mr. London returned to the program he seemed to be deeply discouraged by the setback in his program, and he was often in a great deal of pain. Jella said that she did not want to "push" him to participate nor did she want the staff to push him on her behalf. Week after week, in a matter-of-course fashion she took part in the program as if nothing had changed. All the while, she observed Mr. London for signs of renewed interest, patiently listened to his complaints, and ended every visit with the routine she had established prior to his hospitalization-- escorting him back to his room and, with a hug, promising, "I'll see ya." During an interview she spoke with conviction about Mr. London's making a "comeback." "It just takes time," she said, "he'll get into it again."

Summary

Children's coping behaviors generally took the form of friendship strategies. All children began the experience using a process of "proving" for acceptance to please the resident in order to be accepted and liked by him. Some show a straightforward, experimental style of getting to know their partner--"breaking through" a confusing situation by manipulating his responses to them. Typically, these children acted upon particular ideas of their own or suggested by parents, such as

making a personal gift for the resident or giving him a specific task. Others chose to "wait for a break" in the situation--waiting for cues from the program or the resident telling them how to proceed. There was some evidence in children's causal explanations of a resident's rejection of their friendship initiatives suggesting that the different styles of grouping may have been initially related to individual differences among children in their fear of rejection. All children, however, demonstrated stability in the face of hardness or sudden physical distress in a resident, and children who modified their interactional style appeared to do so in accord with the resident's responsiveness over the long term.

The children used a variety of other kinds of coping strategies in combination with groping for ways to please their partners. These included "making it fun," "pooling resources," "hiding," and "stealing the routine." Like "groping," these four strategies took various forms, and the same strategy could be used for different reasons. In some cases, all elements of friendship work seemed to disappear from a child's behavior in the struggle for personal security and comfort.

Lastly, it was noted that individual children appeared to have a grasp of what pleased and displeased their partners. However, their insights generally did not extend to an understanding of the conditions that affected the results of their actions. These uncertainties were especially evident during the children's planning sessions. Here, they continued to rely on the hit or miss method to identify an activity that could be seen by the majority of residents as valuable or relevant to their individual situations.

The Social Context of Children's Coping Behavior with Elders

The foregoing account of children's coping behavior reveals a complex pattern of interaction and influence affecting their behavior. The various benevolence and self-enhancement motives that propelled children to the program, their beliefs about the nature of friendship and altruism, their interactions with elders, and their subjective perceptions of the difficulties posed to them by their elderly partners, all had an effect on the strategies children employed and used to cope with the problems they encountered. Throughout the study, I often asked myself, "How would these children deal with the same or similar problems under different circumstances?" In particular, would they visit as frequently -- or as regularly if they were visiting elders separately and independently? Would they try as hard to please residents or engage them in conversation and activity? Would they be more likely to stop visiting a resident who was difficult to please? How would they explain their visiting? What resources would they turn to for assistance and support?

Such questioning was generated from observations that suggested that certain features of the program's social milieu had an important influence on the processes through which children developed ways of dealing with problematic situations. These features include peer relations, supervisory practices, and parental attitudes about the program. The following discussion is not a full-fledged ethnography of the program. Rather, it is a description of recurrent events that appeared to influence child-elder interaction and the coping strategies that children adopted.

Peer Relations

The children's visits penetrated the totally administered round of life in the nursing home like an outbreak of irrepressible laughter in the midst of a solemn occasion. Many people attributed the stir to children's ways of relating to residents, and they were charmed by it. However, the effect was based not solely in child-elder interaction, but in the whole working environment that children constructed for themselves in general. Comparison of episodes of past interaction with instances of child-elder interaction revealed that the children's pattern was influenced significantly by their interest in one another and ways of relating to each other.

Because program activities were conducted in a group context, the children had to formulate, through interactions with each other, what Hoffman (1956) called "working consensus" about what they were trying to do together and how they could hold one another accountable for keeping such promises (pp. 73-105). Over the course of the year, these working agreements or relations among children appeared to become increasingly important to them. As we saw in the previous section, peers were a major source of support. When children were entering new situations, they turned to each other for companionship and moral encouragement. When they were having difficulty with residents, they activated the "group" context in order to pool resources, or diffuse responsibilities, or escape unpleasant moments and unsatisfying relationships. Attention to peer relations was crucial, then, because hallmates and friends were major resources for coping with problematic situations. As one of the older girls summarized:

Mostly your friends try to help you out. But if someone's having trouble with their gap we all come over and try to

help. It's not like one person tries to do something but sort of together we try to cheer up [residents] if they're in a bad mood, and that helps. That helps me a lot because I don't have it all on me. I don't have to keep thinking, "What am I going to say?" It helps for us all to be together.

It seemed to take constant effort, however, for children to achieve and maintain good relations with one another. The slightest lag in that work—ignoring a request for assistance, showing too much interest in another child, refusing to participate in group fan—demanded extensive remedial efforts. Typically, then, there was strong pressure to conform to the expectations and standards of peers. As a result, while companions tended to be friends of approximately the same age. By the end of the first month of the program, most children had joined one of four or five fairly stable "teams" and direct interaction between the youngest and oldest groups quickly diminished.

Each of these teams appeared to develop its own working consensus. In general, the oldest children produced and maintained relations with one another by sitting together and talking about school events and social activities. Their style was well suited for managing interactions among themselves and with their elderly partners within the same occasion. Sharing responsibility for enveloping a group of residents in available conversation gave them a common focus and contributed to the satisfaction they derived from taking part in the program. Yet, it did not give them a common sense of accomplishment; feelings of "success" came from their personal assignments and varied according to the quality of their relationships with their particular partners. As Lynn put it:

Our guys are all different. Some are more open, like Mr. Dave, and he and my are real close. It makes me feel good just being here, but I don't think I've accomplished a lot for Mr. Travers. It's harder to talk with him. Maybe his borders have changed.

With few exceptions, the youngest members of the group used linear and more physical ways of relating to each other. Consequently, they had greater difficulty handling peer group processes with interaction with their partners. Also, they appeared less adept at sharing responsibility for a group of residents, developing, instead, a side-by-side style of working together. When responding to one another in the small group they tended to "leave" residents, rather than include them, sometimes doing so physically as well as verbally. Even those who had formed a comfortable relationship with their partner attended to peer work in the same fashion. That is, they paid attention to one kind of interaction at a time, though they appeared more constantly aware of the resident's presence and were better able to maintain some kind of contact with him while attending to peers.

One reasonable explanation for the apparent fragility of most child-elder relationships was the difficulty children had maintaining two person-to-person social contexts simultaneously. When their private negotiations in both contexts, peer and elder interaction, were satisfying, children appeared free to acquire through practice certain social skills required for managing the complexity of intergenerational group interaction. When interactions with their elderly partners were unsatisfying, children tended to spend more time with one another alone, in turn, leading to increasing interest and attention to peer work. As a result, the relationship with the elder remained tenuous at best, receiving short shrift in usual practice, if not in children's thinking.

In summary, peer relations operated as a major source of support in the setting, but the demand for conformity to the expectations of peers

required that children learn to combine peer work with their friendship work with elders in the same session. The quality of the children's initial relationships with their elderly partners appeared to influence significantly their ways of approaching that complex social task. Those who found their early interactions with the residents satisfying did better than those who did not.

Supervisory Fractions

The four adults who worked with the children and the residents referred to themselves as "supervisors" or "sponsors." All held full-time positions in their respective job settings and had many responsibilities other than supervision of the time-intensive respite program. Two were recreation therapists in the nursing home; two were teachers at the children's school. In addition to overseeing the twice-weekly respite sessions, they transported the children to and from the nursing home, prepared the snacks, gathered materials required for the activities, and tidied up. The teachers also attended the children's 20-minute planning meetings at the school, and the recreation therapists planned the Friday program. The supervisors often spoke about scheduling regular meetings where they could discuss program events. They were not able to find a time in the week, however, when all were free to meet. Nevertheless, they appeared to develop a common approach to working with the children, combining executive and material assistance with moral education.

Relations between children and supervisors at the respite sessions were generally relaxed and friendly. The two groups were most actively involved with one another at the turn from conversation to the day's activity and, depending on the nature of the project, throughout

the activity period. As the following excerpts from interviews suggest, the children saw the adults who worked with them as a source of technical or material assistance with activities and as a resource for providing help to residents who were in difficulty.

They help us do things like the activities and stuff. They get the supplies and like if one of the guys is sick or something or like sliding down in his chair they'll come and help him. [Mr. North and Mr. Sinclair] are really helpful 'cause they know the guys and they can help them more than Mr. Francis 'cause lots of times she doesn't know what to do.

[The supervisors] help us do things. They [plan] the Friday activities and sometimes they can tell us where our guy is, and, you know, little things like where the stream are if your guy wants a stream. And they bring the stuff over to use for the program. Mostly their just kind of supervisor is see that things don't get out of control.

Many children also described the supervisors' role in terms of "making rules" and "keeping things under control." As one youngster commented:

They make the rules so things we'n't get out of control, like how you're supposed to stay with [the residents]'s stuff. I don't like it when they come down on us though, 'cause lots of times it's not our fault.

The children seemed to expect that explicit rules concerning "proper" behavior were required and would be articulated by the supervisors to maintain order during the sessions. The supervisors, on the other hand, were new to the program and uncertain about their role. Although they expected the children to be attentive to the residents and responsible for their actions, they did not know, they said, to what extent they should intervene in children's ways of carrying out the program. In early March, however, the teachers drew up a set of "ground rules" in order to give the children "more structure" and thus correct the growing problem of disorderly sessions and drift from the program's purposes.

The children appeared to be offended by the introduction of explicit directives (e.g., "hurry down to the program" and "stay with your partners") at this time, perceiving it as a reprimand. They reacted by arguing that the group should have been given clear "instructions" at the beginning of the year. One problem appeared to be the loss of coping strategies that were made invalid by the "new" rules. Lynn, who was not herself inexperienced, attempted to explain on behalf of the younger children who were most affected:

That may be one of the problems, 'cause they weren't told the rules in the beginning. They are so used to going off by themselves now and doing things. At the beginning I didn't see Nancy and Jennifer go off and do things as much as they do now. Maybe it's because they're scared of something. I don't know why they didn't do that as much when they first got there. I don't know if they were waiting to find out what was going to happen or what. Now, we goes off and then the others start it. I think you need to instruct them in the beginning.

As Lynn suggested, behaviors defined as rule infractions may have been strategies of coping with difficult friendship events. Therefore, children who had already developed avoidance and delay tactics for dealing with the problems they were experiencing could no longer escape easily from an unpleasant situation. Similarly, children who had worked in pairs to seek out partners said they felt "nervous" and "harried" without the ally's companionship. They began to complain about residents not being ready for the program. Complaining was one way of coping with feelings evoked by the new constraints on their behavior.

Another problem posed to children by the late introduction of the rule system was the perceived threat to their sense of responsibility and pride of membership in a group that was doing something socially worthwhile. Several children were especially worried that the intervention implied that they were no longer seen as capable of carrying out

their responsibilities in a "natural" manner. Julie's comments were typical:

It's the way they treat us--like we're just kids. I mean, sometimes we don't do everything exactly right, you know, the way we are supposed to. But you can't expect everybody to be totally mature yet. A lot of people think we're not capable, but we are capable. The rules make it look like we aren't being responsible any more.

The self-protecting concerns reflected in children's reactions to the new directives appeared to be closely related to the emphasis on moral character as disposition in the teachers' supervisory practices. The teachers saw the program as a responsibility-training project. At the first club meeting one of the sponsoring teachers told the children that he was giving them "complete ownership" of the program and that he expected them to "be responsible for [their] own work." The following excerpt from interview notes reflects the training focus of his intentions:

Interviewer: When you refer to the children as leaders in this program, do you mean via or via the residents or the sponsors?

Teacher: The residents--and, actually, the program. . . . [The children] have invested time and energy in something, and these other people have to cooperate if it is going to work. Then when things go well they can see that it is something they did and not something that somebody else did.

Interviewer: And how would that work when things didn't go well?

Teacher: The same way. This was my responsibility. It didn't work out very well, and the reason it flopped is because these people weren't following my directions or . . . paying attention and doing what they were supposed to do, for whatever reason. And without their cooperation it's going to flop.

The teachers defined responsibility in terms of "cooperation" and they chose to let experience do the teaching. They hoped that children

would learn to value certain behavioral dispositions such as "showing respect," "paying attention," "following directions," and "doing what they are supposed to [do]" from the experience of having complete responsibility for their work with elders. Accordingly, the teachers took a non-directive approach to their sponsorship role. They helped the children to assemble, to discuss ideas, and to make plans, but they rarely made suggestions or attempted to influence the children's decision-making. During the fall, they held the children responsible for making the necessary preparations for the activities they selected. At the reconstruction sessions, they attended to the mechanics of the program and, when necessary, provided technical assistance and instruction regarding the execution of an activity. They did not, however, attempt to guide or "rescue" children from the particular problems they were experiencing with their elderly partners. As one teacher explained:

It's worth the investment of time to make it work that way. It's real easy for adults to . . . see it not working [and] jump in and fix it. When you do that you've taken over the responsibility for the children. The lesson they would have learned they don't learn because nothing happened. Even if they're doing something wrong it turned out right. and that's only because of [adult] interference.

In addition to wanting students to learn from experience specific "lessons" in cooperation, the teachers also expected the young volunteers to demonstrate a sense of responsibility by showing respect for common rooms of the work place, such as conscientiousness and orderly conduct. These expectations were made explicit during the orientation procedures and then restated throughout the year either indirectly in such comments as, "When you went in, you came through order please," or directly through verbal admonition about the virtues

of attentive, cooperative behaviors and other kinds of reminders about responsibilities the children had assumed. For example, after a particularly disorderly spring convocation session, the teacher who sponsored the next club meeting expressed disapproval of the children's behavior and reminded them that their actions at the meeting have reflected on both the school and their families. Because the supervisors were interested in creating a relatively harmonious work environment, the orderliness of children's social conduct became increasingly relevant as the year progressed. The imposition of a set of rules concerning how children ought to behave made the emphasis on that kind of responsibility clear and unequivocal.

The children, on the other hand, saw the responsibility assigned to them as a kind of opportunity or challenge to explore and demonstrate to themselves and others their capabilities, that is, what they could do with respect to taking responsibility for helping others. For the children, having responsibility was viewed in itself, a highly interesting indicator of being responsible. The following excerpt from one child's answer to the question, "How would you like to be treated in the program?", reflects the "becoming" metaphor chosen by children to understand the kind of responsibility entrusted to them.

We're volunteering, so we could all of a sudden say, "I don't want to do this any more," and stop coming. You've got to be responsible enough to be there every day. If kids stick by it, then people should respect us a little more. But if you're not responsible enough to be there you shouldn't have it any more. You should give it to some other kid, because there's lots of kids who want to get into the program.

Clearly, this child shared her teachers' expectations that children were responsible for their own work. But the two groups differed in their definitions of what it meant to act like a responsible person.

The teachers stressed responsibility as the means of orderly group work at the resocialization sessions; the children emphasized responsibility for making their elderly partners happy. This difference between children and teachers in the focus of their responsibility concerns sheds light on two possible explanations for why children did not go to adults for help. Teachers tended to define children's problem in terms of work attributes such as respect for rules and the rights of others, self-discipline, and effort or motivation. These terms were also used to describe the attributes of "natural" and "responsible" behavior. When we remember the developmental motives that brought children to the program, it becomes clearer why they might see discussion of their concerns with adults as a risky alternative. It could create doubt in the minds of those adults about children's ability to deal with their problem in a "natural" manner. A second explanation is that the help children did receive appeared not to address the specific problem they experienced with elders. When asked if they discussed their concerns with the supervisors, children typically responded, "What good would that do?" The children saw themselves as responsible for making their partners happy. Exhortation and disciplinary measures seemed to imply that they needed to merely expend more effort to be successful. When this was not the case, children may have concluded that help from adults was simply not helpful. Furthermore, children may have been concerned that they could lose not only the respect of others, but also the responsible position they held in more powerful adults who seemed to misunderstand their intentions. Under any one of these conditions, it would be unlikely for children to confide their troubles to the supervisors working with them.

Parental Attitudes

In the course of interviews with the children's families, parents expressed concerns about social isolation among the old and infirm living in institutions. Several also spoke about the phenomenon of age-stereotyping in our society and other forms of discrimination (the able-bodied and the disabled) that breed "misunderstanding" and "hatred." All seemed to view projects like the respite program as having the potential to contribute positively to children's social development and to society in general. The following excerpts from parent interviews are typical:

My interest was that I felt it was very important that she learn a lot about other people, what other people are like. The other thing is she needed some after-school involvement and this was one that I felt had the type of direction that I wanted her to go in, instead of something that had less value for her development. She had had much introduction to older people because her grandparents are still very active, young grandparents.

When I heard that she was interested in doing this I was really excited because I think it's really good for kids to become caring and more sensitive to older people. . . . And I hope that next year [our son] will do the same thing because I just think it's real important for kids to be aware of old people and that they are people and that they need love and attention and all that stuff.

Oh, I can see a lot of benefits coming from [the contact with elderly people]. You know, patience, a glimpse of another world. It's like a living history book. I don't think [she] has the problem of lack of exposure to elderly people. It is very important for children not only to learn about the past, but about the total makeup of society, not just in passing--there are all these age groups--but how we all fit together. It also takes some of the fear out of growing old and death. . . . It's certainly a natural part of life. And I think the best thing we can do is just sit us all up together and let us all talk to each other.

No parent could recall having any particular reservations about the respite program when their child brought home the concept from visiting parental participation for the child's participation. Although

they had little information about the new program, other than the one-page description attached to the survey form, parents saw the joint school-parent home project as consistent with the school's orientation to children's social development. In several cases, the child's selection of the program as an after-school project also pleased parents because of its relevance to the child's special needs and interests. In the following interview excerpts, we see something of the parents' understanding of the program reflected in their descriptions of the child:

She is social. She singles well and makes friends, always been able to go into a strange home and make friendly, leaving kids out to do something. She has always had a leadership type personality. She is a gifted child and interested in a lot of things, so that makes her interesting to others.

School has been a constant struggle for him and he doesn't get a lot of good feelings from his school experiences. Then it gets worse when he gets his defenses up and doesn't do his homework, or whatever. Maybe because he has had such a hard time with his own self-esteem and, you know, being accepted by the other kids and not being treated as the dummy in the class, that he feels for others who are sort of down and out . . . I think he went for this because he knew it was something he could do and because he sort of knows what it is like to be lonely and different. Mr. Reid told us that he is getting close this year and doing a great job in the program.

She's been around people with disabilities because I've been working in a center for independent living. Many people in the center have cerebral palsy; some are blind; others are stroke victims; and some of them are friends of mine. So she wouldn't go into something like this just out of curiosity. I don't think. Plus she was in the hospital a lot when she was a baby--most of the time for about the first 3-1/2 years. So she's got a lot of a different attitude. She's planning to become a pediatrician!

She is a very--it is an odd turn to see for someone her age--but she is very nurturing for an older child that didn't have a younger sibling that she spent a lot of time caring for. It seems to come very naturally to her, more so than from the other kids [whom she has offered to help]. She is quite good with [her young brother], quite persuasive and patient with him, but she hasn't had to care for him a lot. You might see

her nurturing style were typically to say the oldest of a family of five or six.

The positive attitudes about the program reflected in these family data may operate to encourage children to try out a project such as the motivation program. They might also serve as a source of support and inspiration influencing children to persist in their efforts when the going becomes difficult. Parental employment in the field of health and social services, and family members' voluntary caregiving activities in the community also appeared to serve as models for children. When I asked parents how their child became interested in the program, more than half referred to their own activities or to the work of a relative whom the child admired and liked. Their answers were surprisingly consistent with the children's, suggesting that family values influenced significantly children's decisions to join the program and perhaps their feelings of responsibility as well. Three parents, two of whom were themselves involved in the health care field, appreciated the challenging nature of the work and thought that it was important to "lay the ground" for discussion should problems arise.

I told her there might be some things that might make her feel uncomfortable to begin with, but that I felt she was going to get a lot out of it as well as making other people feel a lot better.

I'm always been around with older people and I'm all for it. I think she probably just knows that. I don't care what kind of people they are, if they're grumpy or if they're sick. If you have to change herbage. I think the kids should do all of that. And not without careful planning and assistance. When something frightens them or they don't understand or get into some sort of bad situation it can be a negative experience if it isn't handled well.

With these few exceptions, however, parents seemed to underestimate the complexity of the program, tending to idealize intergenerational relationships and the work of doing good.

As the year progressed, the children's families had different degrees of direct contact with either the program or the child's partner. All parents, however, provided various kinds of tangible support to the child. Initially, they addressed the practical issues of the child's participation, for example, by making different arrangements for the child's ride home after school, altering their own work schedules, and extending younger siblings' time with the babysitter or at the day care center to free the older child from caretaking responsibilities. Parents provided various kinds of emotional support as well. They attended special functions such as Parents Day and the closing ceremony when children received an award for their volunteer work. Several brought the child to the nursing home for a visit with the resident during the Christmas and Easter holidays. In two cases, parents brought the younger brothers and sisters to the nursing home. These two families, and a third, appeared to work to establish a family relationship with the child's partner.

Additionally, as we see in the children's comments throughout previous sections, family members also helped children to examine their problems and try out possible solutions. This latter kind of assistance was not common, however, nor was the resource for this class. Parents, in general, were not well informed either about what actually happened during the rehabilitation sessions or about their child's particular situation. For example, two parents who routinely picked up their child at the nursing home and had met the child's partner on several occasions were not aware, until the interview, that the program sessions included more than visible conversation. As October's father said disbelievably, "This is the first time I've heard about the activities. All

she ever talks about in W. Steens." The relative lack of problem-solving discussion with the family may be another indication of the children's tendency to conceal their problems from adults or merely a reflection of family process.

In general, parents (and grandparents) appeared to be another source of support and encouragement to children. The kind of support families provided was different from that of peers who offered companionship and a relatively non-judgmental and understanding ear in the immediate situation. This difference resembles the distinction between a main-effect model of social support and a buffering model described by Cohen and Wills (1985) in their review of research in this area. The main-effect model posits that the overall beneficial effect of social support on well-being is attributable to a person's degree of integration in a large social network. In the buffering model, the protective effect of social support is, hypothetically, attributable to the perceived availability of interpersonal resources that are responsive to the needs elicited by troublesome events. In the children's experience, parental example and encouragement appeared to provide an approving social-psychological milieu in which children could refer at any time for resources and a sense of "place." To paraphrase Leary (1988, p. 226) the children used the family context like a sailor uses the stars, to guide their sailing. Peers, on the other hand, were like fellow sailors, buffering the negative effects of descending or unpleasant events. According to Cohen and Wills, then, family support contributed to children's overall well-being, whereas peer support served to protect them from acute stress as they dealt with the difficulties posed to them by elderly partners.

Summary

Several characteristics of the program environment influenced the coping strategies children acquired to pursue their friendship projects. The group structure provided opportunities for peer interaction through which children formed small working parties to carry out their responsibilities for a group of residents. These little teams or systems of interdependence became a major source of support; however, maintaining good peer relations required constant attention. A group of older children, who were also friends outside the program, used conversation as the primary method of relating to each other. This allowed them to integrate their responsibilities with peer work more effectively than younger children who used active, physical styles of interacting with each other. Young members of the group generally had greater difficulty forming working relations with their elderly partners. Also, they were subject to more corrections and directions from supervisors.

The discussion of negative feelings and other sensitive problems experienced by children was generally relegated to private confidences within the small group. As we saw earlier, all children shared the belief that experiencing their work as problematic reflected poorly on their character, that is, their ability to rise above self interests for the sake of the residents. Within each small system, however, members were continually exposed to one another's partners and difficulties. Through their shared experiences, information came to a mutual understanding of one another's situation. This process appeared to strengthen the supportive functions of the small group and foster the tendency to conceal problems from both the larger group and supervisors as well.

Supervisors and parents provided a great deal of moral encouragement and executive or technical assistance to children. Both groups, however, appeared to pursue the youngsters, each in its own way, to "live up to" the ideal of a problem-free experience. On the one hand, the school-based supervisors saw the program as a responsibility-training project. They were reluctant to make suggestions and provide any structure for problem-solving that might "interfere" with children taking responsibility for their own actions. They used admonitions about the virtues of staying with residents and paying attention to them as the principal method of influencing the children's behavior. This seemed to cause resistance effects in children who thought their intentions were misunderstood, perhaps contributing to the tendency to conceal problems from adults. On the other hand, parents spoke with obvious pleasure about their child's participation in a program which they perceived as being consistent with the child's needs and interests and having a high degree of social and developmental value. They were generally not well informed about the details of the child's situation, however, and when they needed a change in the child's attitude they usually attributed the problem to motivation rather than to ability or the complexity of the tasks involved. Through their own example, parents also gave children implicit encouragement to persist in their efforts to do good for others. When we remember the altruistic and self-enhancement notions that children brought with them into the program, we can better understand why these peer processes, supervisory practices, and parental attitudes played an important role in shaping the children's strategies for coping with their problems.

Summary of Results

The purpose of this study was to examine the nature of children's coping behavior and factors that influence its development. The research focused on a group of 12 middle adolescents who had volunteered to take part in a year-long respite program for infirm elders. The specific research objectives were to investigate (a) the problems children experienced in the situation, (b) how they coped with their problems, (c) how they perceived their coping experiences, and (d) contextual factors that appeared most closely related to children's coping.

The analysis revealed that children entered the program believing they were doing good for elders. They used their beliefs about the nature of friendship to define their role and evaluate their work. The belief that friendship makes people feel better allowed children to translate their feelings of benevolence into "do-good" activity. The belief that friendship involves liking provided them with criteria for evaluating their accomplishments. Elders who suffered a variety of sensory-motor and motivational problems posed numerous difficulties to children whose youthful idealism left them unprepared for the truth that proximity has its frustrations and disappointments, as well as its opportunities for self-growth. The basic social-psychological problem facing these children was how to derive a sense of satisfaction and accomplishment from doing good for elders who did not reciprocate their friendship initiatives in ways the children expected.

The children employed a variety of cognitive and behavioral strategies to cope with the problems they experienced. Cognitive strategies were focused on making attributions of responsibility for problems that allowed children to manage their self-doubts and maintain

a sense of purpose. A striking characteristic of children's emotional thinking was the tentativeness with which they approached explanation. This tentativeness appeared to be closely related to their feelings about the quality of their relationships with their elderly partners, suggesting that feeling states played an important role in the children's personal and coping behavior. The children's behavioral coping strategies were directed toward making friends with elders and stepping away from friendship work under difficult circumstances. These strategies included groping for ways to please elders, asking if help, pooling resources, hiding, and ending the routine. Each kind of coping strategy took several forms and the same strategy was often used for different reasons.

The children turned to one another primarily for social support and companionship, to elders for executive and material assistance. They appeared to also desire considerable encouragement to persist in their efforts from family models and supportive parental attitudes. These attitudes tended to idealize the program, however, and along with the practice of education by the program supervisors, seemed to pressure children to create the appearance of a problem-free experience. Major factors influencing children's coping behavior included their feelings about the quality of their work, their problem-solving abilities, peer relations, supervisory practices, and parental attitudes.

The study illustrates the complexity of childhood coping, in particular, the impact of personal and social expectations on behavior. The results suggest that children strive to maintain responsibility in a challenging situation but may need assistance to clarify problems and identify circumstances affecting their work.

CHAPTER V CONCLUSIONS AND IMPLICATIONS

This research was designed to examine the nature of coping in children and some of the factors that influence its development. The study focused on a group of 12 middle schoolers who had volunteered to take part in a year-long reconstruction therapy program for the elderly residents of a nursing home. In accord with ethnographic theory, attention was paid to the processes that motivated children's behavior, the children's initial experiences of relating to infirm elders, their perceptions of both the problems they experienced and the results of their coping efforts, and, ultimately, the relations between these experiences and perceptions and the coping behavior children developed over time. The social environment in which the children worked was also explored for factors that appeared to influence their beliefs and behaviors.

The results of this study support the ethnographic premise that behavior is complexly related to the meanings individuals give to their own situations. Analysis revealed that the basic social-psychological problem facing these children was how to derive a sense of satisfaction and accomplishment from doing good for elders who did not reciprocate their friendship in ways the children expected.

The children entered the program believing that they were "doing good" for elders. The glow of that ideal appeared to have been killed in a family and school culture that lived uneasily with the broader

society's rigid age-stratification and its emphasis on competition over caring. Children were further inspired by the popular assumption that intergenerational programs are inherently good for elders and children; by cultural beliefs that children possess the natural capabilities required to form satisfying affectional relationships; by their past successes at showing benevolence and interacting with elders; by their personal experiences of powerlessness, loneliness, and boredom; and, most important, by their various personal aspirations for self-growth and social recognition.

Throughout many different events in the children's experience there was a recurrent concern with being "liked" by their elderly partners. Further analysis revealed that this concern was related to beliefs about the nature of friendship that children brought with them into the program. Two major, interrelated themes were identified: (a) friendship makes a person feel better, and (b) friendship involves shared feelings of liking or affection. Inspired by these notions of what friendship ideally is, the children set out to form affective-based relationships with their elderly partners. Their beliefs about how liking is communicated between friends specifically influenced the strategies they employed to initiate friendly relations, their perceptions of the difficulties posed to them by elders who suffered a variety of sensory-motor and motivational impairments, and their evaluations of their accomplishments.

Thus, the findings suggest that the children's coping experience began with expectations arising from past experiences. Expectations specify the kind of defining required to make the situation what it is presupposed to be—in this case, an opportunity to demonstrate to

themselves and others that they were capable of taking responsibility for doing good for others. When left on their own to identify their strengths and select their own goals, they applied effort in areas that provided success. That is, the children defined the situation as a friendship project because they believed that friendship is therapeutic and that they were capable of making friends with others. Accordingly, their selection of friendship was itself a part of the coping experience, a way of translating the problematic situation of doing good for others into do-able activity.

The initial problem experienced by all children was how to be accepted and liked by their elderly partners. They approached this problem by groping their way along provisionally, testing out methods of pleasing others in the interest of making them happy and gaining their affection. The groping pattern persisted throughout the year. In effect, the children's experience appeared to have very little else to it than this hit or miss process. Although all children learned a great deal about what pleased and displeased others, their discernment of the conditions affecting the results of their friendship initiatives was tenuous. It remained tied to the particular and changing circumstances of their individual situations, leaving most children uncertain about their accomplishments. As a result, the children did not grow significantly in their ability to consciously modify friendship strategies and plan activity projects in light of the goals they wanted to accomplish.

Early in the year, children began to combine their personal groping strategies with collaborative, small group efforts aimed at making the sessions "fun," easing the strain of difficult conversation with others,

and helping one another to either meet specific challenges or escape the problems they were experiencing. Friends and peers served as "buffers" of the stresses and strains of each other's personal assignments. When elders responded in ways children expected, the children found the relationship satisfying and usually took on their elders' concerns. Those who did not perceive their elderly partner's behavior as personally rewarding experienced feelings of rejection or failure, became indifferent to his improvements, and looked to the obligatory dimensions of the situation, in particular, to an exemplary attendance record, for feelings of satisfaction. In actual practice, they shifted from affective-based to duty-based activity, and went through the rituals of friendship, in order to fulfill at least some of the expectations they held for themselves.

These findings appear to be consistent with both Weiner's (1980) proposition that affects from others have important attributional consequences and Clark and Ison's (1982) feeling state explanation of social behavior. According to Weiner, "emotions displayed by others are important cues that we process and use to make inferences about ourselves" (p. 7). In this setting, the children were clearly more concerned with an elder's affective response to them than with "improving" his social functioning. For example, when the elder smiled, and laughed, and became active, it meant that he liked his young pal's actions (and his young pal) which, children typically concluded, made him feel better. The child then saw himself or herself as a likable and helpful person. According to Clark and Ison, the positive feeling states induced by such desirable self-definitions will lead children to form optimistic appraisals of elders as potential friends and draw

children further into the friendship enterprise. It seemed that when children had questioned their likability and helpfulness concerns they felt free to fully invest themselves in friendship work.

When an older appeared indifferent or rejecting, however, children were confused by the unexpected response. Some expressed frustration at the resident's continuing "refusal" to "cooperate," whereas others were unsettled by concerns about the resident's feelings for them. It was not possible to detect clear differences in residents' behaviors that led children to make these different inferences. Nor did the children themselves provide consistently different explanations for feeling "frustrated," on the one hand, or "worried," on the other. Instead, the children explained these feelings using similar examples of older behavior, such as, "He just sits there." This illustrates the idea that the same behaviors could carry different meanings for different children. Here is the point, feelings of either failure or rejection appeared eventually to induce negative feeling states in children. As do positive ones, negative states "tend greatly to redirect thinking and behavior" (Clark & Lee, 1962, p. 75), leading children to become less optimistic about the chances of friendship with their elderly partners and to disengage themselves from friendship work altogether.

In addition to children's feelings about the quality of the relationship with their partners, specific aspects of the program's social environment played an important role in shaping children's methods of doing friendship work under difficult circumstances. Peer relations, wherein conformity to the group's working consensus was reciprocated with moral support and compensatory reciprocity practices that requested information over reflective discussion and problem

siblings and parental attitudes that supported the children's tendency to idealize the work of being good, all had an effect on the coping attitudes and behaviors children developed.

The results of this study lead us to conclude that one important goal motivating children's coping behavior in this setting was to minimize the sense of satisfaction they experienced when they first assumed responsibility for making others feel better. Underlying the motivational focus of these initial feelings was the implicit belief that assisting the needs of others is a sign of maturity, or what most children called "growing up." This hypothesis is strengthened by the comments of an eighth grader responding to the question, "How has your participation in the program over the past two years affected you as a person?"

I think it has made me a lot more mature. And it has taught me how to deal with someone who has disabilities—being patient and not getting frustrated. It makes me feel good and I think I've learned to like myself more. I'm in a lot of . . . competitions and I get pretty uptight when a meet is coming up. Then I come here, and they'll put you back if you bug them, and that makes you feel good 'cause, you know, you had to change your plans to come, and you did it. I didn't realize how much it would mean to go to pull this off. I think I've become a lot more responsible.

Limitations of the Present Study

Ethnographic methods are well suited for in-depth studies of human behavior when the precise nature of that behavior is not well understood. However, the limitations of this ethnographic account of child coping must be given due consideration in relating it to previous research and in discussing its implications.

1. This in-depth study of the nature of children's coping was conducted in one setting, a motivation therapy program, and was

focused on the behavior of 12 children who participated in the program. The study was grounded in context. Therefore, the specific findings about the coping behavior of these children should not be generalized to other populations.

2. While the findings might be an accurate portrait of the children and setting investigated, they cannot be replicated because any change in the author/researcher renders the setting, and thus the findings, different. All data, and an audit trail that ties interpretation statements to the data, have been preserved for a limited time period, however, to allow an independent researcher to review the research process and make a judgment about the appropriateness of the methodology and the trustworthiness of the interpretation presented.

3. Participant observation research is highly susceptible to problems of reactivity and researcher bias. Numerous strategies were employed to detect, minimize, and understand children's reactions to the research presence, and to identify and remove researcher biases. These procedures are detailed in Chapter 3.

4. The children under study were 10-1/2 to 12-1/2 years of age. All but one were girls. This was the natural composition of the group at the time of the study. Had the research been conducted the following year, when both genders were evenly represented, different findings may have resulted due to variations in peer relations typically found among boys and girls at this age. Similarly, children of a different age group may display different coping strategies because of variations in cognitive abilities, interactional experience, and other developmental factors. In the present study, individual differences in age, gender, and style of interaction is possible indicator of either interactional

experience or "personality") did not appear to influence the kind of coping strategies children utilized. Had the sample size been larger and more heterogeneous, such differential effects may have emerged.

3. The children's coping behavior was examined in a single context. While this case study method was conducive to the depth of analysis necessary to understanding child coping in the contextness to meaning and context, it does not allow precise measurement of the effects of discrete, individual and environmental variables.

4. No effort was made to study individual children longitudinally, tying their perceptions to what they were doing, although I would like to return to this at a future date. The intent of this study was to find patterns of child thought and behavior and what were felt to be the construction of these patterns in the immediate settings of child-elder interaction. Thus, an effort was made to contextualize what construction process in the program environment and, to a limited degree, in the broader sociocultural milieu. Perhaps the role of personal qualities and characteristics that individual children brought to the program will be clarified when children's perceptions and actions are examined child-by-child. For example, in the present study, there was some evidence of individual differences among children in use of family as a problem-solving resource and, concomitantly, the directness and specificity of their coping (problem-focused) strategies. Although the elders' responsiveness to children's initiatives (i.e., the interactions) had an overriding influence on the coping behaviors children displayed, the role of children's entering problem-solving abilities and preferences warrants further study. Similarly, a few children expressed unique psychological needs (such as a yearning for a grandparent figure, or a

desire to find an area of distinctive personal competence, or a desire to relieve the loneliness of intense involvement in a highly competitive academic endeavor), the importance of which may be detected through a child-by-child analysis of coping thought and action.

Implications for Further Research

Researchers, clinicians, teachers, and parents have become increasingly aware of the wide-ranging demands that are part of every child's experience of growing up in today's society. Studies of the effects of "stressful" life events during childhood have yielded evidence that while some children suffer emotional or psychological problems, others go through turbulent situations, develop new coping skills, and emerge personally enhanced (Elder, 1984; Featherstone, 1984; Murphy & Warburton, 1979; Rutter, 1979). At this time, there is little research to help us understand how children actually cope with problematic and stressful situations, or why some do well following their tribulations and others do not. Because the study of child and adolescent coping is a relatively new field of inquiry, the first task confronting researchers involves clarification of the nature of coping during childhood and the conditions that influence its development.

Most previous studies have focused on one aspect of child coping, such as the questions children ask (Padgugan, 1981), the causal attributions they make (Dwork & Horman, 1980), the actions evoked by children's discrete emotions (Dwyer, 1981), the social resources they use (Baron, 1981; Libush, 1987), and the interpersonal cognitive skills they possess (Spivack & Shure, 1981). Libush et al. (1984) and Walker (1984) have directed their research toward the construction of taxonomies of children's coping strategies, classifying observed

behaviors according to theoretical codes found in the adult literature. If we want to understand how coping develops in children, it makes little sense to continue to catalogue their beliefs and behaviors without also looking at the meaning contexts in which those beliefs and behaviors emerge. Almost all researchers try to recognize that a child's behavior owes a debt to both the child's social-psychological experience and to the child's always-changing capacities to make sense out of this experience. But we have done little to document this debt in the area of coping. The present study adds depth to the existing research by producing an account of the coping experience from the child's point of view.

The findings of this study indicate that coping behaviors result from children's experiences on several levels of social life. At the school and family level, the children's coping appeared to be influenced by school norms requiring that children accept responsibility for their own behavior and work cooperatively with adults, by family and school beliefs that intergenerational programs are inherently good for children and for society in general, and by family idealizations of children's abilities to form satisfying relationships with adults. Although several investigators have noted the potential importance of socialization practices for the development of coping in children (e.g., Bush, Golin, & Staines, 1980; Kohn, 1979; Matthews, 1981), cultural conceptions of children-in-society that underlie such practices have not been examined in previous research. In the present study, school and family expectations of responsibility, capability, and social development for children, although supportive of the children's expectations for themselves, appeared to also coerce them to create the

impression of a problem-free experience. This finding is consistent with Elliott's (1981) observation that one of the most prevalent pressures on today's middle class children is the practice of "hurrying" them to acquire and demonstrate adult-like social and executive skills. One idea for future research might be to undertake a full-fledged socialization ethnography of childhood coping, focusing on cultural beliefs about what children are like and what they need to know to get along well in life.

At the program level, children's coping behavior was affected by supervisory practices and peer relations. The supervisors provided children with material and executive assistance, and they utilized authoritative and gentle directives to maintain order at the socialization sessions and correct instances of behavior they believed to be discourteous or immature. The children generally viewed these socialization practices as a reflection on their "childhood," their inability to carry out their work in a "mature" (responsible) manner. This finding might also be explained by the idea that attributions are responses to actions displayed by others (Weiner, 1980). Weiner posited that effects from others are important cues that we use to make inferences about ourselves. Thus, the children became worried when they were deficient or unaccomplished in some way, having made these inferences from subtle cues communicated in the supervisors' responses to their behavior. This is consistent with previous research where children's causal attributions of academic success and failure were found to be linked to teachers' socialization practices in classrooms (Duck et al. 1980). The present findings also reveal that the children were unwilling to discuss their problems with supervisors. They say

have been concerned that such disclosure would only confirm adult evaluations of their abilities, or that they would lose the chance to work out solutions for themselves. Adults usually attend to children's actions in ways that correspond to their social status and responsibilities as parents, teachers, and so forth. Future research should explore in detail how adult mediating agents approach the task of helping children learn to cope with problems in both voluntary and imposed responsibility contexts. The findings of this study suggest that in contexts of voluntarism, or child-selected activity, adult practices that focus on predetermined notions of correct and incorrect behaviors may encourage children to rely on expectations of others, yet resist or avoid assistance, and to use self-protecting thoughts to deal with their problems.

In the present study, peers provided one another with companionship and social or emotional support. The data show that although children discussed their problems with each other, there was no clear evidence of peers analyzing problems together, nor of peer modeling, with the exception of imitation of topics of conversation. The situations the children faced were fraught with complex communication problems and bewildering feelings. By any reasonable measure, these situations did not lend themselves easily to clarification and simple courses of action. As a response to this complexity, perhaps, the children tended to attribute successful friendship work to general personal or interpersonal attributes such as, "patience," "effort," "being responsible," and "a lucky catch," rather than to specific strategies and abilities. On the other hand, in the natural setting, in particular where children work in small groups, it is more difficult to detect peer modeling and

discrete problem solving interactions than, for example, in the controlled conditions of Liben's (1967) experimental studies. Nevertheless, the present findings suggest that in increasingly complex situations, such as the remediation therapy program, peers act as "buffers" of stress and strain rather than as fellow problem solvers.

It was also found that pressures for conformity were strong within the small peer groups, and that each group seemed to develop its own character or style. The older children were quieter and more obedient than the younger ones, and they contributed better to the ordered order of the remediation sessions. They were also better able to manage interaction with elders and peer interaction within the same session, at least in ways that brought fewer corrections from the supervisors. The age-based composition of the small groups suggests that age might play an important role in children's abilities to coordinate their activities with program goals. Personality factors, shaping the character of the group, however, may also explain the different interactional styles of these small teams. This is consistent with previous research in the area of friendship behavior where it has been found that children's friendships are typically based on similarities (Lemon, 1977). Length of experience in the program offers another, alternative explanation. Were the differences in group style related to the older children's additional year of experience in the program? If the latter is true, the more interesting question concerns what they had learned from their experience. Had they merely accommodated to adult expectations by replacing livelier forms of peer interaction with quieter ones which, by chance, were better suited to interaction with elders? Or,

had they consistently found ways to cope with the interactional complexity of interpersonal group work?

Clearly, it would be a mistake to take the meaning of children's behavior for granted in advance, without an accurate knowledge of the meanings children ascribe to their own actions. In the present study, there was not a clear differentiation of style of coping behavior according to age or length of time in the program, suggesting that the different styles of group work were but reflections of peer interaction and personality factors. The role of peers and friends in the development of coping in children is a fertile area for further research. One question implied by the present findings concerns the relationship between peer assistance and the complexity of the problem. It appears that when children are left on their own in complex situations they turn to one another for support and companionship rather than for assistance with direct problem solving. The influence of peers on children's coping behavior may also vary with the activity structure, and with the role taken by adults in the setting as well. Research investigating the influence of each of these factors, with the goal of integration, is required to form a more complete picture of the role of peers in the process of becoming a successful copier.

At the individual level, children's cognitive and behavioral coping strategies were affected significantly by their personal goals and subjective feeling states. Given the children's service motivation and the nature of the program, I had not expected personal concerns to be as influential as they were. Nor was I any less fascinated by the active self-interest underlying children's behavior in this seemingly altruistic context for having read Collier's (1984) discussion of idealism

and attitudes in the young. Quoting Anne Freud, for example, Galen writes:

Adolescents are generally egoistic, regarding themselves as the center of the universe and the sole object of interest, and yet at the time in later life are they capable of an such self-sacrifice and devotion. . . . They are selfish and egotistically minded and at the same time full of lofty idealism. (p. 184)

These same contradictions in attitude and action were frequently observed in the children who took part in the present study. The findings suggest, however, that self-concern and concern for others are closely associated interests, even fused, in the workings of children's subjective experiences. For example, the children selected friendship as their method of making others feel better. They defined friendship as a reciprocal, mutually satisfying ("It makes you feel good.") relationship between persons who like each other. Thus, they expected to share the same satisfactions that they intended for their elderly partners. Furthermore, their anticipation did not focus only on friendship, but also on the sense of accomplishment to be derived from carrying out the friendship project successfully. Because the children were keenly interested in their own development and the regard of others, they looked upon beneficence as a way of assisting not only others, but themselves as well.

These findings support the idea that personally defined goals may result in heightened motivation (Bandura, 1981). Bandura suggested that the anticipated satisfaction of attaining self-set goals leads to sustained involvement in a problematic situation. Also, when we consider the goals the children set for themselves in this complex program, and consider the expectations of responsibility and capability

held for them by others, we can better understand why much of the children's coping behavior (involvement) was directed toward creating pleasant conditions for themselves, or, in the words of one frustrated supervisor, toward "just doing their own thing."

Through investigating the complex meaning systems children use to understand the situations before them, future studies of children's coping behavior should continue to relate the problems children experience to the goals they pursue. One potentially important area of investigation concerns certain properties of goals. Bandura and his colleagues (Bandura & Schuck, 1981; Schuck, 1983) have found that goal specificity, difficulty, and proximity influence both the quality of performance and level of self-motivation. When the self-defined goal structure of children's activity is identified in the situation being studied, interventions aimed at helping children to specify related sub-goals that could be achieved rapidly might then be systematically investigated for their influence on coping behavior.

Research on the relationship between feeling states and social behavior (Clark & Lee, 1981; Massem & Eisenberg-Doug, 1977) also provided a useful framework for understanding the processes through which children's experiences of interaction with influencees affected coping behaviors. Clark and Lee proposed that feeling states, or subjective experiences of feeling, are important determinants of individuals' appraisals of their world and of their behavior. Thus, when children felt "happy" about their work they seemed more optimistic and involved in their friendship projects than when they felt discouraged or frustrated. Similarly, those children who had formed stable, satisfying relationships with their elderly partners appeared

virtually blind to the difficulties the older posed to them. On the other hand, those children who faced the relationship with their partners very unpleasant became increasingly pessimistic about the older's ability to supply them with satisfactions. Generating a negative impression of persons and situations is a way of coping with things we do not understand. This idea may also explain the alarming findings of an earlier study where young people's attitudes seemed to become more negative the older and more isolated the individual with whom they worked (Janssens & Nelson, 1995). The need for investigating the role of emotion in organizing children's attitudes and actions in new or difficult social experiences is pressing. Once again, intervention studies in the natural setting, where children are assisted to explore and describe their feelings about social events and interpersonal experiences, may tell us something about how to help children identify for themselves useful strategies for coping with events that disturb them.

Lastly, this study illustrates a methodology not previously reported in coping research on children. Ethnographic investigations produce in-depth accounts of the phenomena of interest. Rather than isolating variables, they generously incorporate whatever constitutes the meaningful situation, as nearly as possible, as the participants experience it. The methods are time- and labor-intensive; however, the investment is more than adequately rewarded by insights into the processes at work in the behavior of interest. The addition of audio-visual documentation and frame-by-frame videotape reviews to traditional ethnographic methods of data collection was especially useful for collecting accurate records of subtle features of behavior. The

videotape also allowed repeated analysis of these data and created a context of validation that was highly evocative of the children's frame of reference.

In-depth analysis of behavior in one cultural setting contributes greatly to the discovery of underlying meanings and connections. Nevertheless, it also carries the risk of portraying that behavior as "closed, fixed, repetitive frame" (Hath, 1982, p. 11), an subject to influences beyond the immediate situation. Many ethnographers would argue that a comparative analysis of children's coping experiences across all the types of situations in which they participate is required, in order to assess validly the meaning of their behavior in any one setting. Therefore, studies that allow for comparison of the coping experiences of the same group of children across several settings (e.g., school, family, peer group) will facilitate discovery of the contribution of context to the patterns of coping behavior that children develop. One way to produce promising hypotheses for further research is to combine ethnographic analysis of children's coping beliefs and behaviors in each setting with experimental "tests," comparing settings according to the kinds of problems children experience, the specific characteristics of the coping environment, and children's coping behavior. This study design makes use of the idea that "natural experiments" (Bronfenbrenner, 1979) abound in the transitions that occur in children's everyday lives. With the knowledge gained from these studies, it will then be possible to design demonstrations and evaluations of "transforming experiences" (Bronfenbrenner, 1979). Evaluation of deliberate, experimental efforts to structure environments to assist children to learn to cope successfully with situations that affect them

is another useful way to study the development of coping during childhood and adolescence.

Implications for Practice

Although the findings of this research cannot be generalized to other settings, in-depth analysis of interactions in one social situation clarifies the nature of coping in middle-adolescence children and some of the individual and environmental conditions that influence its development. It is important to remember that the situation chosen for the present study is not typical of child coping research. The residential program is not undeniably harmful to youngsters. Nor was it imposed on children either by circumstance or by authority. Furthermore, it is a relatively voluntary situation, in the sense that voluntary participation in human service programs and other types of community projects is a typical behavior of children during the middle school years (Stein & Garsden, 1977; Interact, 1981). The enthusiasm and sense of purpose they bring with them into such situations may be an important motivational resource for learning how to cope with complex social and interpersonal issues. However, children's motives for taking part in voluntary service are not likely to be wholly social and altruistic. Young volunteers might need assistance to keep in touch with the goals of the program and find effective solutions to the problems they experience. The results of this study have implications not only for those who work with children in similar programs, but for all adults who are interested in helping children develop ways of coping that enable them to get along well in life.

It is not easy to understand the meanings children give to their experiences or to discover the problems they are having. For example,

one child in this study worked with a resident who suffered left-sided stroke paralysis (hemiplegia). Believing that it would make it easier for the resident to see and hear his young pal, a supervisor advised the child to sit on the resident's right side, thus improving the conditions of child-elder communication. The child, however, discovered that her elderly partner's smiling facial expression and sad demeanor did not vary according to where she sat or what she did. She concluded that his failure to respond appropriately to her efforts to "cheer him up" meant that "he [did] not want to do anything." Known to the supervisor, the problem, as the child saw it, was motivation, not ability. Other children had similar difficulties making sense of adult directives to "act naturally" or "pay attention to the resident" in ways that were not appropriate to friendship, as they defined it. These findings support the point made by Legal (1983) and Ryan (1988) that children may not experience the problems that adults assume they do or in the same terms as adults perceive them.

One way to diagnose the problems that children experience is to create regular occasions for observing closely what children actually do, with an eye and ear for the meanings they ascribe to things. In order to facilitate insight into the child's experience it may be useful to first listen for the terms children use while they are acting in the setting. These same terms could then be employed to introduce questions and comments probing for their descriptions and explanations of what is happening. Another way to discover how children see the situation is to create an environment that is conducive to reflection. Suggestions for providing such an environment will be made with reference to the

motivation therapy program. These include the following:

1. Sessions for children to discuss their experiences might be incorporated into the existing planning process at the club meetings or provided at the end of the motivation sessions. As children describe their initial experiences, questions probing for their understanding of the purpose of the program and for the expectations they hold for themselves could be asked. Examples include: What did you want to have happen? Did it happen? What made it easy? What made it difficult? What was the best moment? What was the worst? What also was happening at the time? What can we do next time to help us get closer to the purpose of the program? Asking these types of questions may help supervisors to understand what motivates children in the situation, assess the practicability of children's goals, identify their perceptions of their initial experiences, and consider the implications of these perceptions for the supervisory role in light of program goals. Again, attention should be paid to how children are coping with their difficulties, in addition to the difficulties themselves.

2. Role playing between children to demonstrate specific aspects of a visiting session may help to stimulate reflective discussion. By suggesting a particular event (e.g., inviting a resident to take part in an activity) or resident characteristic (e.g., muffled speech) as a focus for various role plays, supervisors also could observe for the abilities children possess and may not demonstrate in the actual setting (e.g., conversational skills). The data show that children experience embarrassment and a sudden loss of self-confidence when conversation with adults does not follow the terms they expect. However, many of their conversational problems were unrelated to conversational skill as

such. "Problems" such as abruptly opened and closed brief conversations were usually part of the pattern of group interaction and not experienced as problems by children. The most complex situation involved adults who used culturally patterned topics and ways of speaking that did not match the cultural expectations of the children with whom they were interacting (e.g., the melancholy, self-blaming Mr. Jones and the enthusiastic, confident Jennifer). Jennifer's ignoring and "shutting-down" behaviors resulted from frustration, not loss of self-confidence. The role play exercises may help supervisors to develop an eye for various children's basic social competencies and the conditions under which these vary (e.g., emotional comfort, frustration, nature of "barriers"). This understanding could then be used to design appropriate coping interventions.

3. Children might occasionally be invited to produce drawings or snapshot collages depicting certain aspects of the situation in which they are involved. Art materials and a simple polaroid camera are relatively inexpensive items to include in the program budget. Similarly, children might be asked to keep a diary, or write weekly letters to themselves, or prepare a brief weekly report on their patient's "progress" for the nurse who "referred" her patient to them. Production of these written and pictorial descriptions of the experience requires reflection. The content could be compared to that in the discussions and role plays, in order to identify common and unique, or changing themes.

4. By pairing themselves with an elder for a few sessions, supervisors may better understand personally the problems children are experiencing. Given the children's interest in maintaining

responsibility for their own work, it might be more appropriate for experience to pair themselves with a resident whose young girl is absent, or with one who "bores" the group periodically.

Reflective discussions and activities are also excellent media for working on problem solving projects with children themselves. The data indicated that peers were a rich source of emotional support and cooperation. However, the children tended to contain their concerns within the small group or friendship clique. Furthermore, their problem-formulation skills were not sufficient for the complexity of the situation. If, from the outset of the program, supervisors could make discussion of experiences a part of the planning structure and treat problems as team projects, children may find it easier to share their concerns and seek solutions together. The specific questions employed to guide discussion might vary with issues arising from the children's work. Repeated use of a small set of core questions, however, may also help children become consciously aware of the processes of reflective thinking and thus add to their repertoire of coping skills. Examples of such questions include: What is the purpose of the project we are planning today? What kinds of things might happen for your partners as a result of this project and, therefore, what might we be able to talk about as we do it with them? What kinds of activities could we include? What did we want to have happen last week? Did it happen? Why? Why not? What can we try out next time?

Based on this discovery of the previous nature of children's problems, supervisors could use the role play focused on social-specific skills. For example, some activities might be planned to allow children to practice their conversation-building skills under a variety

of circumstances; others, to invite children to explore feelings and the meaning of such experiences as rejection, embarrassment, and impairment. As children display and describe their feelings they may begin to identify useful strategies for coping with these feelings and working with their elderly partners. This is not to suggest that children's ways of relating to others should be shaped toward a set of empty techniques. Rather, the point of occasional training sessions would be to help children keep in touch with the group's purposes, develop an eye for their own work, and grow in their ability to cope successfully with the problems they encounter.

In the present study, children began the experience with preconceived notions about the lives of lonely, institutionalized elders. Some had already formed opinions about families who place their elderly members in an institution, and many expressed worries about their own fate when they reached old age. Existing knowledge and ideas that have accumulated in the experiences of others might be useful to the children and could be made available to them in a number of ways. They might be given a list of suggested topics relevant to the program and past children's experiences and asked to write a short essay based on their own library research, "interviews" with nursing home staff, conversations with grandparents, and so forth. The children's classroom teachers may be involved for ideas about ways to connect children's program experiences to events and themes arising in the literature they are reading. Magazines, films and course guides based in the Redfire project might be especially interesting and useful to supervisors who want to help children investigate some of their assumptions about nursing home life and better appreciate the specific roles they play in

that reality. For example, Wiggleson's (1985) autobiographical account of the Pacific experience includes a bibliography that contains a goldmine of information about resources.

One further suggestion arising from the present study concerns the relationship between children's coping experiences and the development of self-esteem. The youngsters who took part in the construction therapy program were generously rewarded with appreciative comments and public gestures telling them that their efforts and abilities were recognized by others. These acknowledgments contributed importantly to the general conditions that enabled children to maintain a sense of purpose and persist in their efforts. In several cases, however, children did not have the evidence confirming their success that they themselves required. The evidence children used was usually produced in contexts of interaction with others. On a few occasions, a parent or grandfather had given the child a specific hint about working with her partner's particular disabilities (e.g., "try touching him on the arm before you call his name. That might help him know that you are going to speak to him."). These specific suggestions were helpful to children because they explicitly broke the complex work of interpersonal interaction into navigable strategies or "experiments" (try this), thus enabling the child to see action-outcome connections more clearly. When the strategy was successful, the child experienced a great deal of satisfaction. Once we realize how satisfying these small breakthroughs are to children, it forces us to work with them in new ways. It allows us to focus on helping them to find and develop competencies they feel good about rather than being in the business of making youth feel good about themselves.

The last recommendation is directed toward administrators in institutions and community agencies that involve children in human service programs. It is advisable to recruit adults who have access to and knowledge about children. Administrators must then provide a reasonable time frame within which these adults can plan activities, discuss problems, try out innovative techniques for helping children to grow in their ability to cope with complex social or interpersonal problems, and consult with others as necessary. Even if we understood the attributes of successful coping, which we do not, we know too much about children to believe that they can be simply molded like clay into effective and responsible "helpers." Nor do we believe that children will grow in their ability to cope through sheer exposure to events that test their abilities. As the present study shows, children play an active role in their own development, but they do not do so in a social vacuum. As Dewey (1900) put it, "In social situations the young have to infer their way of acting to what others are doing and make it fit" (p. 30). Learning how to get along with others, how to work toward common goals, and how to cope with the frustrations and disappointments of helping takes time. Voluntary human service programs involving children may be better seen as real-life opportunities for caring and cooperation rather than as methods of delivering care. Adults who take a reflective approach to their work with children and have access to adequate resources are better equipped to structure environments in which children thrive on taking part in situations that challenge and support them.

ATTACHMENT A
PARENT CONSENT
TO
ALLOW CHILD TO PARTICIPATE IN RESEARCH

You are being asked to permit your child to take part in a research project. This form is designed to give you information about the study and to answer the questions you may have about the research.

1. Title of the study: A Study of Children's Coping Behavior in the Pediatric Respite/Relaxation Program.
2. Principal Researcher: Margarette Warner, B.S., graduate student in education, University of Florida.
3. Purpose of the study: To learn what difficulties children experience in their work with infirm elders, what they do to cope with those difficulties, and how we can best assist children to successfully manage the problems they encounter. The information from this study will be used to develop future studies of children's coping behavior and eventually to increase our understanding of the ways in which experiences such as the pediatric respite/relaxation program are beneficial to children's learning and development.
4. Procedures for the research: I will attend pediatric clinic meetings at the school and respite/relaxation sessions at the nursing home. I will take notes, tape record interviews with children, and review the videotapes recorded at some respite/relaxation sessions for the "Qualitative Pilot Study" of the program. (I was also a member of the research team conducting that study.) I will try not to disturb your child during clinic meetings and respite/relaxation sessions. I will be asking you to ask a few questions about your child and to discuss an interview with you at your convenience.
5. Expected risks: I do not foresee any risks to your child as a result of this study.
6. Potential benefits: Your help in this research should give us all a better understanding of children's coping behavior and of the program in general from the children's point of view.
7. I understand that my child will not receive money for his/her participation in this study.

I understand that I am free to withdraw my consent and discontinue my child's participation in this study at any time without this decision affecting my child's participation in the program.

I understand that my child's identity will be protected and that all data obtained from this research will remain confidential. All records from this research will be protected to the extent provided by the law.

8. Signature

I have read and I understand the above-described research and have received a copy of this description.

I have agreed to permit my child, _____ to
participate in this study. (Name)

Parent/Guardian Date Signature Date

Relationship to child Researcher's name and address

Phone:

Phone:

Thank You for Your Help

APPENDIX B
INTERVIEW TOPICS WITH NEW CHILDREN

1. How did you become interested in the pediatric club?
2. Did you almost choose one of the other clubs before picking this one? What was the thing that helped you to decide?
3. Did you know that this club included the [school] Pale program at the nursing home?
4. Imagine yourself describing the [school] Pale program to your neighbor (or to someone who doesn't know anything about it). What would you be able to tell them at this point? Why do you think the program was started?
5. Have you ever been to a nursing home? If so, what did you do there? What was it like?
6. Would you please think for a moment about the elderly people you know. Now, pick the one you like best and tell us what ideas he about that person that you like.
7. What would you normally be doing after school on Tuesdays or Fridays?
8. The program starts next week. What are you most looking forward to? (Alternatives: What are you hoping to have happen?)
9. How will you tell whether this program was a good choice for you?
10. Here are some things that other kids have mentioned when I asked them how they became interested in the pediatric program. Which one is least important to you? Should we add any of these to your notes? (Check for child like/has answer to first question.)

APPENDIX C
INTERVIEW WITH NEW CHILDREN AFTER FIRST VISIT WITH BLACK

1. I'm interested in hearing all about your first visit. Let's start with when you left the classroom to go to the nursing home. What happened next? What thoughts were going through your mind at that time?
2. Then you arrived at the nursing home. What happened next?
3. Then the woman arrived when you and your partner met for the first time. How did you actually meet? Where did you meet? What were you thinking (or feeling) in that moment when you said to yourself, "This is the person I will be visiting."
4. Would you please describe Mr. _____ (Indicate what he is like? Did he talk much? What did he talk about? Is he friendly? How could you tell? Could you understand his speech? Could he understand you? What other things did you notice about him? What did he tell you about himself? Is he easy to talk to, or difficult? Why is he in the nursing home? How do you think he feels about the program? Did he seem glad to be there? How could you tell? Do you think he will come back?)
5. What happened after that moment when you first met Mr. _____? Then what happened? And next? (Ask child to walk us through the events of the first visit in sequence.)
6. Which parts of your first visit were pretty much like what you expected? Which parts were different?
7. What did you and the rest of the (School) kids want to have happen?
8. Did you prepare for the visit in any way? How?
9. What part of the visit did you like best? Like least? (Answer three; What part was easy? What part was difficult?)
10. When the hour was over, did the length of time seem about right? Too long? Too short?
11. Did other kids ask you to help them with anything? Were there times when you were wanting a little help with something? What did you do?

12. There was so much talking on the way ride back to the school I could hardly follow what anybody was saying. What do you remember kids talking about?
13. Can you tell yet whether this program is for you?
14. What are your plans for your next visit?
15. Is there anything else that I should be asking about the first visit?

APPENDIX 3
FOLLOW-UP INTERVIEW WITH NEW CHILDREN

[Note: Items in this question set were distributed across two or three 20-minute interview sessions with each child. When arranging the first session, I gave the child a written list of the kinds of topics I wanted to discuss--the program in general, the club sessions, the child's partner, the activities, specific events, the child's most satisfying and most difficult experiences, etc.--and asked her to think about other questions I should be asking. When we met, I asked the child which topics was most interesting. Seven of the eight children wanted to begin by talking about their partners; one, about the program. Consequently, responses of items varied slightly from the following format.]

1. In general, how is this program working out for you personally? (Prober: Is it along what you expected? Have there been times when you wished you could do something else? Does it fit in easily with other things that have come up for you? Have you had to give up other interests in order to continue in the program?)
2. What are you getting out of taking part in this program? How does it make it worthwhile doing? What also makes it worthwhile?
3. Do you talk much about the program at home? At school? With your friends? What do you usually talk about? Do the people you know seem interested in what you are doing? How can you tell?
4. What are the two best things about the program? What are the worst things?
5. If the program had to end this week, would you be disappointed? What would you also want?
6. Has the program changed in any way since it began? If so, what has changed? How do you feel about that? (Prober: Has that made it a better program? Is it as good a program now as it was at the beginning? Not as good?)
7. What kinds of things have you done to make the program work? (Prober: Can you think of any little things you have tried to do in your own work that might have been helpful to the program?)
8. Imagine yourself speaking about the program at next month's middle school assembly. How would you describe the goals of the program (or, why this program was established)?

9. Are there any kids working in the program who have been successful at reaching those goals? How can you tell who they are? Are there any kids who have done poorly? How can you tell who they are? Would you put yourself in the first group, the second group, or, in the middle? (Ask child to explain his/her choice.)
10. When you are having difficulties during the conversation sessions, to whom do you go for help? What kinds of help do you get from _____ (that person)? Have you ever asked one of the _____ to help you with something? (Identify kids, supervisors, nurses, visitors, or researchers if some is appropriate.)
11. What is the most helpful thing that someone has done so far? (Alternative: What is the most helpful thing that has happened so far?)
12. Let's talk for awhile about what it is like to work with Mr. _____. (Ask to see if child goes ahead.) Compared to other residents in the program, is he easier to get to know or more difficult? How do the two of you generally get along? Does he know that you are his girl? Where is he when you arrive? How does he react when he sees you?
13. Does Mr. _____ seem to enjoy the program? What do you think he likes best? How can you tell?
14. Has it been easy to get to know him or difficult? For example, are you able to tell how he feels about things? Does he share information about himself with you? How does he react when you ask him a personal question?
15. How does he respond when you tell him things about yourself? Does he seem interested? Does he ask you questions?
16. What kinds of things do the two of you have to discuss?
17. What kinds of things do you find interesting as his girl? (Prompt: What do you get from him that makes being in the program worthwhile? Have you ever considered asking for a different partner? If it were not working out well with Mr. _____, would you ask for a change?)
18. What are his particular disabilities? (How well does he see? Hear? Does he speak clearly? Does he have lots of energy? How good is his memory? Does he have trouble getting around? Handling things?)
19. For each problem borne by resident, that child identifies, ask: How does that affect your work together? How do you usually handle the problem?
20. Is he usually in good spirits? Is he grouchy? What do you do when he is grouchy or is in a bad mood?

21. How well does he participate in the planned activities? What kinds of activities does he like best? How can you tell? Does he ever comment on the program? On other children in the program? On other residents? What does he say?
22. Compared to other people you know, would you say that he is a talkative person? Does he start conversations sometimes? Does he help to keep a conversation going? What kinds of things does he like to talk about?
23. What is Mr. _____'s strongest point as a partner? What is his weakest point?
24. What is your strongest point as a [school] pal? What is your weakest point?
25. You will need to take time to think about this next question. What three words or phrases best describe the relationship that has formed between you and Mr. _____?
26. Now I would like to turn your attention to the club meetings at the school. How do they fit into the usual program? (Alternatives: What purpose do they serve? What are they for?)
27. Describe a typical club meeting. Begin with when you arrive at the classroom and describe what you do until you go to your next class (or to lunch).
28. How does the group choose an idea for an activity to carry out at the recreational session? What kinds of things do you consider? What happens once the group settles on a particular activity? What kinds of preparations are required? What are these done? By whom?
29. Have the club sessions changed since the program began? What changes have occurred? How did that affect you? Has it affected the program?
30. Do you or other children use the club meetings to discuss the difficulties that you are experiencing with your partners? Why not? Do you think that kind of discussion would be helpful to you? To other children? What? Why not?
31. Do you enjoy the club sessions? What do you enjoy? What would you change, if it were possible?
32. Identify a recently observed situation at the nursing home in which this child invited the resident to take part in the activity. When should remember the situation, who? What happened next? What did you want to have happen? Was that activity well suited for Mr. _____?
33. The number of club meetings has been reduced from five to one per week. Why do you think that happened? Has it affected the program? What, in your opinion, would be the best club schedule?

24. Identify an event that recently transpired (e.g., illnesses among the residents, changes in supervisory personnel, resident dropping out of program, death of a resident, etc.). How has this affected the program? How has it affected you?
25. When you think back over the program, which event or happening do you think has affected the program most? What changes did you see after that?
26. Would you please describe the supervisors' jobs in the program. Let's take Mr. Francis and Mr. Judd (Miss Walsh) first. Tell us what they do. Now Mr. Smith and Mr. Sinclair. What do they do?
27. How do the supervisors help you? What kinds of help would you like to get?
28. Did you know any of the children in the program before you signed up? Are any of them your friends? Do you have a best friend in the group? Was that something you considered when you were deciding which club to join? Do you think it is a good idea to have a friend with you in the program? Why? Why not?
29. This program is conducted as a group project. Other volunteer programs involve people who come and go alone or in small separately. Which do you think you prefer? If a group program were not available, would you visit on your own? If not, why not?
30. There are several kinds of programs that people establish to improve life in a nursing home. Some programs involve giving residents plants to look after. Other programs involve animals—dogs, or cats, or other little household pets. Of course, there are also the programs that involve adults. Do you think a program conducted by children differs anything different from one involving adults or adults? If so, what do children offer?
31. Here is a list of all the activities that the [Name] Club have introduced so far. Please make a check beside the five most successful ones. You can you tell if an activity is successful?
32. Here is a list of all the activities the nursing home supervisors have introduced so far? Again, please check the five most successful ones.
33. Now, let's look at both lists. Which three programs did you enjoy most? Which three did you not enjoy?
34. How do these planned activities fit into the total picture? That is, what are they for? How important are they? Why do you think some activities go better than others? Another reason? Another?
35. Do the activities help you so _____? (State child's answer to question concerning goals of the program.)

46. Now that you have some experience in the program, what do you find most rewarding?
47. Have you made any new friends in the program?
48. What suggestions or recommendations can you offer to the people who will be planning next year's program?
49. Did you think of any questions that I should be asking? Would you like to add anything?

APPENDIX II
FIRST INTERVIEW WITH PARTICIPING CHILDREN ("DEBRIEF")

1. How did you become interested in the program? Can you recall whether a particular person or bit of information helped you to decide? Had you done something like this before?
2. Why did you decide to return? What are you most looking forward to this year?
3. What other experiences have you had with elderly people? With persons who are disabled or ill?
4. What would you normally be doing after school on Tuesdays and Fridays?
5. The club meetings are now in the school curriculum this year. Were you attracted to any of the other clubs that are offered? If yes, (To child who chose geriatric club) what helped you to choose the geriatric club? Was that a difficult decision? (To child who chose a different club but continues to take part in the motivational sessions) How do you keep up with what happens at the meetings?
6. Are other people interested in the kinds of activities in which you take part? In the interests you have? What have they said?
7. If you were asked to describe this program at a middle school assembly, what would you say about its purpose? That is, how would you explain what children are trying to accomplish?
8. Again, at that middle school assembly, a student in the audience asks you what you actually do in the program? What would you include in your response? What would you emphasize to help that student understand how children like yourself feel what you are doing these things?
9. Several changes have occurred that might affect this year's program. Are any of those changes already making a difference between this year's and last year's program? (Probes: For example, we have new supervisors; new students; the club meetings; the research; new residents. Which of these has most affected you?)
10. How prepared do you feel for the research aspect? Have you been given adequate information? Do you find yourself still wondering what it is all about? What are the specific questions you have now? Would you be interested in taking part in the research in some way? If yes, what ideas do you have?

APPENDIX F
FOLLOW-UP INTERVIEWS WITH "BROKEN" CHILDREN

(Note: These interviews occurred during the last month of the program and were conducted in two sessions of approximately 45 minutes each. With the exception of the last three questions, the content and phrasing of the interview was the same as that with "real" children.)

1. In general, how is this program working out for you personally? (Probes: Is it about what you expected? Have there been times when you wished you could do something else? Does it fit in easily with other things that have come up for you? Have you had to give up other interests in order to continue in the program?)
2. What are you getting out of taking part in this program? Does that make it worthwhile doing? What else makes it worthwhile?
3. Do you talk much about the program at home? At school? With your friends? What do you usually talk about? To the people you know were interested in what you are doing? How can you tell?
4. What are the ten best things about the program? What are the worst things?
5. If the program had to end this week, would you be disappointed? What would you miss most?
6. Has the program changed in any way since it began? If so, what has changed? How do you feel about that? (Probes: How has that made it a better program? Is it as good a program now as it was at the beginning? Not as good?)
7. What kinds of things have you done to make the program work? (Probes: Can you think of any little things you have tried to do to your own work that might have been helpful in the program?)
8. Imagine yourself speaking about the program at next month's middle school assembly. How would you describe the goals of the program (or, why this program was established)?
9. Are there any kids working in the program who have been successful at reaching those goals? How can you tell who they are? Are there any kids who have done poorly? How can you tell who they are? Would you put yourself in the first group, the second group, or, in the middle? (Ask child to explain his/her choice.)

10. When you are having difficulties during the participation sessions, to whom do you go for help? What kinds of help do you get from _____ (that person)? Have you ever asked one of the _____ to help you with something? (Identify kids, supervisors, teachers, visitors, or volunteers by name if appropriate.)
11. What is the most helpful thing that someone has done so far? (Alternative: What is the most helpful thing that has happened so far?)
12. Let's talk for awhile about what it is like to work with Mr. _____. (Wait to see if child goes ahead.) Compared to other residents in the program, is he easier to get to know or more difficult? How do the two of you generally get along? Does he know that you are his pal? Where is he when you arrive? How does he react when he sees you?
13. Does Mr. _____ seem to enjoy the program? What do you think he likes best? How can you tell?
14. Has it been easy to get to know him or difficult? For example, are you able to tell how he feels about things? Does he share information about himself with you? How does he react when you ask him a personal question?
15. How does he respond when you tell him things about yourself? Does he seem interested? Does he ask you questions?
16. What kinds of things do the two of you have in common?
17. What kinds of things do you find rewarding as his pal? (Perhaps What do you get from him that makes being in the program worthwhile? Have you ever considered asking for a different partner? If it were not working out well with Mr. _____, would you ask for a change?)
18. What are his particular disabilities? (How well does he read? How? Does he speak clearly? Does he have lots of energy? How good is his memory? Does he have trouble getting around? Handling things?)
19. For each problem known by residents that child identifies, ask: How does that affect your work together? How do you usually handle the problem?
20. Is he usually in good spirits? Is he grouchy? What do you do when he is grouchy or in a bad mood?
21. How well does he participate in the planned activities? What kinds of activities does he like best? How can you tell? Does he ever comment on the program? On other children in the program? On other residents? What does he say?

22. Compared to other people you know, would you say that he is a talkative person? Does he start conversations sometimes? Does he help to keep a conversation going? What kinds of things does he like to talk about?
23. What is Mr. _____'s strongest point as a partner? What is his weakest point?
24. What is your strongest point as a [female] cell? What is your weakest point?
25. You will want to take time to think about this next question. What three words or phrases best describe the relationship that has formed between you and Mr. _____?
26. How I would like to turn your attention to the club meetings at the school. How do they fit into the total program? (alternatives: What purpose do they serve? What are they for?)
27. Describe a typical club meeting. Begin with when you arrive at the classroom and describe what you do until you go to your next class (or to lunch).
28. How does the group choose an idea for an activity to carry out at the recreation session? What kinds of things do you consider? What happens once the group settles on a particular activity? What kinds of preparations are required? When are these done? By whom?
29. Have the club sessions changed since the program began? What changes have occurred? How did that affect you? Has it affected the program?
30. Do you or other children use the club meetings to discuss the difficulties that you are experiencing with your partners? Why not? Do you think that kind of discussion would be helpful to you? To other children? How? Why not?
31. Do you enjoy the club sessions? What do you enjoy? What would you change, if it were possible?
32. Identify a recently observed situation at the meeting here in which this child invited the resident to take part in the activity. Who child resembles the situation, who? What happened next? What did you want to have happen? Was that activity well suited for Mr. _____?
33. The number of club meetings has been reduced from five to one per week. Why do you think that happened? Has it affected the program? What, in your opinion, would be the best club schedule?
34. Identify an event that recently transpired (e.g., illnesses among the residents, change in supervisory personnel, residents dropping out of program, death of a resident, etc.). How has that affected the program? How has it affected you?

35. When you think back over the program, which event or happening do you think has affected the program most? What changes did you see after that?
36. Would you please describe the supervisors' jobs in the program. Let's take Mr. Penning and Mr. Reid (Miss Smith) first. Tell us what they do. Now Mr. Smith and Mr. Hamilton. What do they do?
37. How do the supervisors help you? What kinds of help would you like to get?
38. Did you know any of the children in the program before you signed up? Are any of them your friends? Do you have a best friend in the group? Was that something you considered when you were deciding which club to join? Do you think it is a good idea to have a friend with you in the program? Why? Why not?
39. This program is conducted as a group project. Other volunteer programs involve people who come and go more or less separately. Which do you think you prefer? If a group program were not available, would you visit on your own? If not, why not?
40. There are several kinds of programs that people establish to improve life in a nursing home. Some programs involve giving residents plants to look after. Other programs involve animals--dogs, or cats, or other little household pets. Of course, there are also the programs that involve adults. Do you think a program conducted by children offers anything different from one involving adults or animals? If so, what do children offer?
41. Here is a list of all the activities that the (School) Club have introduced so far. Please make a check beside the five most successful ones. How can you tell if an activity is successful?
42. Here is a list of all the activities the nursing home supervisors have introduced so far? Again, please check the five most successful ones.
43. Now, let's look at both lists. Which three programs did you enjoy most? Which three did you not enjoy?
44. How do these planned activities fit into the total program? That is, what are they for? How important are they? Why do you think some activities go better than others? Another reason? Another?
45. Do the activities help you to _____? (Clarify child's answer in question concerning goals of the program.)
46. Now that you have more experience in the program, what do you find most rewarding?
47. Have you made any new friends in the program?

48. What suggestions or recommendations can you offer to the people who will be planning next year's program?
49. If you had it to do over again, do you think you would choose to get involved in this program? Why?
50. How has your participation in the program over the past two years affected you as a person?
51. What do you think this program is contributing to life in this community, that is, this city? What does it contribute to life in the nursing home?
52. Did you think of any questions that I should be asking? Would you like to add anything?

APPENDIX G
FIRST PARENT INTERVIEW
(Identify child by name.)

1. How did (child) become interested in the program?
2. Why do you think the program was interesting to her?
3. Were you interested in (child's) taking part in the program? Why? Why not?
4. What kinds of things did you and (child) talk about before the decision was made?
5. What practical considerations entered into the decision?
6. Would you please describe (child) for us. [Probes: What are her interests? Her favorite activities? How does she approach new situations? How does she get along with other children? With adults? What are her strong points as a family member? What kinds of responsibilities does she have? What role does she tend to play among her peers? What kind of situation brings out her best qualities?]
7. How will does (child) deal with change? Unexpected events?
8. What kinds of things have been troubling or stressful for her this past year?
9. How does she deal with boredom? Frustrated? Things that don't go her way?
10. Has she talked about the program here at home? What has she talked about? Is she enjoying it?
11. Has she discussed any problems she is experiencing?
12. How did you respond?
13. In general, does she share her concerns easily or does she tend to keep her problems to herself? What advice can you give us regarding how best to work with her if she experiences a problem with Mr. _____?
14. How do you feel about the way her experience is going thus far?
15. What do you hope she will gain from the program?

14. Has she had previous experience with elderly people? With people who are ill or disabled? (Describe.)
17. Have you been given adequate information about the program?
18. Are there other things you would like to know?
19. If the program had to end next week, would (child) be disappointed? What would she miss most?
20. Would you be disappointed? Why?
21. Are there any other questions I should be asking, or things you would like to add?

APPENDIX H
FOLLOW-UP INTERVIEW WITH PARENTS
(Identify child by name.)

1. Has (CHILD) been talking about the program here at home? What has she talked about? Have you noticed any change in how she talks about it?
2. Is she still interested in the program? What do you think is holding her interest? Would you say her interest has increased or declined since the fall? What do you think might account for that?
3. What does she like most about the program? What does she like least?
4. Has she talked about any particular problems or difficulties with Mr. _____? With the activities? With the club sessions at the school?
5. Does she talk about the reward? How do you think she feels about it?
6. Does she find her work in the program satisfying? (Elaborate.) Has she mentioned any little accomplishment or "breakthrough" that has been especially satisfying?
7. A number of changes and unexpected events have occurred in the program since we last met. (Changes in supervisory personnel, death of a resident, illnesses, reduced club time, two new child participants, etc.). Had she noticed any of these events in your home? How do you think she felt about _____ (event)? Has it affected her feelings about the program in any way?
8. Do you recall what you had hoped (CHILD) would gain from this experience? Have you seen any evidence of that happening? Have you noticed other changes in her that might be attributed to the experience?
9. What are your thoughts about the program at this point? Has her participation affected your schedule? Required adjustments on the part of other family members? Does _____ (brother or sister, grandparents, etc.) interested in what (CHILD) is doing?

10. What ideas or suggestions for the program have occurred to you? Are there things you would like to see done differently, if it were possible? Have you become involved in any way? Are you thinking of doing so?
11. Am I asking the right questions? Are there things that you would like to add?

APPENDIX I
INTERVIEW WITH TEACHER-SUPERVISOR

1. To begin, can you talk a bit about how prepared you felt for taking part in this program? (Probe: Had you been given adequate information? Were there times when you wondered what the program was about? During the first month or so, Mrs. Raleigh was still here. Was that helpful? How? Would you have preferred to come in without that overlap?)
2. What title do you use to refer to your position in the program?
3. Imagine, if you will, writing a list to yourself of the important aspects of your role (e.g., "I do the following things."). What 3 or 4 words or phrases first come to mind?
4. Was that role laid out for you before you started? Have you had to carve out a role as you go along?
5. What things have had the greatest effect on the way your role has taken shape?
6. What kind of support do you get from the school? From the nursing home?
7. What kind of help would you like to have?
8. How have you tried to make happen in the program over the past year?
9. How can you tell if you are achieving that objective?
10. What do you get from being involved in the program? Does that seem doing it worthwhile? If you had to do over again, do you think you would choose to participate?
11. What would you do differently?
12. How would you characterize children who volunteer to take part in this program? Are they different from other children of this age?
13. What do you think reticent children do something like this?
14. What kinds of children in this program are most easy to work with?
15. What kinds of children are most difficult to work with?

16. Would you please identify the children that you think have done especially well with their partner? Tell us what it is that you have observed?
17. Would you please identify the children you think have done poorly with their partner? Again, what have you observed?
18. What kinds of things do you think account for why some children do better than others?
19. How do you identify children who are experiencing problems with their partner?
20. What kinds of problems have been most common during this past year?
21. Do children generally bring their problems to you? Share their concerns within the group? How comfortable would you say children feel about discussing the difficulties they are experiencing?
22. Do you adopt different strategies for assisting different children? Please describe. What are you trying to achieve?
23. Over the course of the year, have you seen changes in individual children that you might attribute to the program? (Probe for description and teacher's explanation.)
24. Has the group, as a group, changed in any way? How well do you think the children work together as a team?
25. Have you observed instances of children helping one another to solve a problem? If so, would you please describe the problem and how the one child helped the other try to solve it?
26. If you could hand pick children for this program, what three things would you first look for in a child? Would you recommend some type of selection or screening process?
27. At the beginning of the year you explained that you would be using classmate's ideas concerning responsibility training to develop your role as club sponsor. Would you please highlight for us the main ideas of that approach?
28. We often change our ideas as we gain experience in a new role or situation. Are there any large differences between the ideas you had about working with the children at the beginning of the year and those you have now? What are they?
29. What does it feel like to work in a setting that is not the one in which you usually work? (Probe: Do you work differently with children in the learning home setting than you do at the school? Would you please describe those differences and what you think accounts for them?)

- Q. What is it like to participate in a research situation? (Probe: Had you been given adequate information about the research? Do you have questions concerning what the research is about? Were there times when you wished the research wasn't going on? How do you think it affected you? How did it affect your work with the children?)
- Q. Am I asking the right questions? Are there other questions I should be asking or things you would like to add?

APPENDIX J
INTERVIEW WITH MIDDLE SCHOOL TEACHERS

1. I would like to focus in on middle school, in particular, the children. To get us into that, I wonder if we could talk a bit about the paralytic reactivation program. Do you have questions concerning what it is about, or what it entails?
2. I have spoken to a number of parents who thought that the initiating ideas for the program came from the school. What do you think might account for that impression?
3. Is this program related to the school's objectives? If so, in which area? What other school activity or program is the program most like?
4. How relevant are the experiences a student might have in this program to the subject matter of your classes?
5. What do you think motivates children to take part in the program?
6. This is a list of the children who volunteered for the program this year. In other activities occur to you when you see their names?
7. Among those whom you know well, do you identify any interests, or activities, or characteristics they share in common?
8. Could you please identify the students you know well. I'd like to ask you a few questions about each one:
 - (a) What strong points do you think (child) brings to the program?
 - (b) What particular developmental gains would you look for in (child) as a result of his/her participation in the program?
 - (c) How does he/she approach new situations?
 - (d) How does he/she approach difficult academic tasks? How does he/she cope with failure?
 - (e) How does he/she deal with disagreements with peers? With school or classroom rules?
 - (f) What advice can you give us regarding how best to assist (child) if he/she experiences a problem in the program?

9. What kinds of personal concerns or problems do you think are most common in middle school age children?
10. Would you say that children of this age share their concerns fairly easily with teachers, or do they tend to keep their problems to themselves?
11. What kinds of behavior problems have you found to be most common in this age group?
12. I understand that the faculty is focusing on responsibility teaching as a method of working with students. Would you please describe how that plays out in the middle school classrooms?
13. I would like to take you back to the program for two final questions. How do you think these children stand to benefit from taking part in this program? What do they risk?
14. Would you like to add anything?

**APPENDIX C
CHILD PROFILE**

Name: _____ Birthdate: _____ Gender: _____

Demio Stansfeld

Size of Family: _____ Address: _____

Economic Status: _____ Phone: _____

Relationship	Name	Age	Education	Occupation
Relatives	Mother			
	Father			
	Brothers & Sisters			
Schools				

Child's Interests/Strong Points/Valuable Experiences and Responsibilities

Years at Lab School: _____

Reasons for Leaving Lab School

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BIOGRAPHICAL SKETCH

Marguerite Warner grew up in the historic town of Niagara-on-the-Lake, Ontario. She received the Bachelor of Science degree in music from Hunter College, New York, in 1961 and the Bachelor of Nursing degree from McGill University, Montreal, in 1968. After working at The Hospital for Sick Children in Toronto for several years, she returned to McGill where she received the Master of Science degree in nursing in 1971. Her master's thesis was entitled, Becoming a Parent-In-Hospital: A Study of the Process of Role Development.

Ms. Warner joined the faculty of McGill's School of Nursing in 1971. There she taught for seven years in the master's program and worked closely with the school's director of research, Myra Allen. From 1975 to 1977 she was a research consultant on the later-mentioned project, The Development of Health Behavior in Children. In 1977 she became director of the nursing team charged with implementing the federally funded Health Workshop project. This was a demonstration community health center designed jointly with the residents of a middle class, suburban community to provide services relevant to everyday family life. In 1978 she began working with the citizens of a cluster of French and English rural villages north of Montreal to establish the second Health Workshop in one of the local schools there. While at McGill Ms. Warner also served on several committees and task projects, including the Kellogg Think Tank on Family Health, the Advisory Committee on Student Health Services, the Council of the Faculty of

Graduate Studies and Research, and the Marketing and Recruitment Committee in the School of Nursing. She began doctoral study in behavioral sciences in education in 1983 and will receive the Ph.D. from the University of Florida in 1989.

In 1984 Ms. Werner took up a position in the Faculty of Nursing at the University of Western Ontario. There she is teaching undergraduate classes in family nursing and working with faculty and students in the health sciences to help forward ideas for an innovative community health center. She is also involved in the planning and preparations for a national colloquium on health care ethics to be held in 1990 in honor of the 50th anniversary of the Gasterchester Institute for Ethics and Human Values in London, Ontario. Her current research interests include the characteristics of healthy families, the influence of the school context on adolescent coping and health, and the qualities of health care environments that free individuals and families to develop their full potential for health.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.


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Professor of Foundations of Education

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